



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

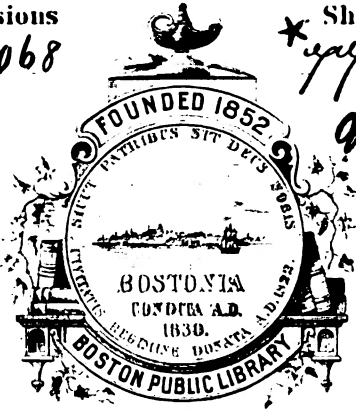
- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



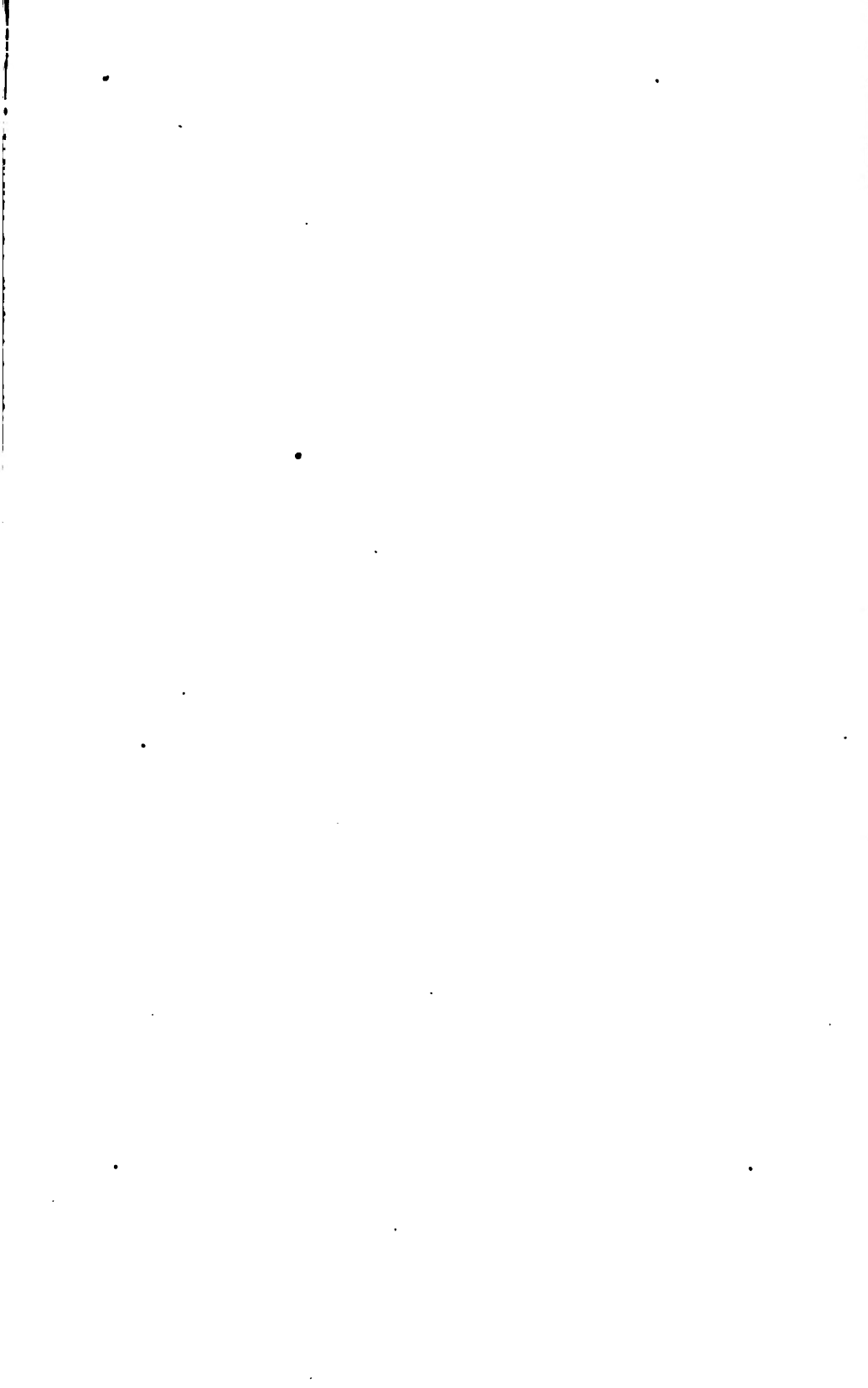
PROPERTY OF THE  
PUBLIC LIBRARY OF THE  
CITY OF BOSTON,  
DEPOSITED IN THE  
BOSTON MEDICAL LIBRARY

Accessions	Shelf No.
213.068	* 4412.10
	
Vol 36 1846	
Received March 29, 1844	

THE UNIVERSITY OF CHICAGO







THE

312

## Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. XXXVI.

Cincinnati, January, 1876.

No. 1.

## TABLE OF CONTENTS.

## Original Communications.

ART. I.—Surgical Instruments. By Prof. A. J. Howe, M. D. ....	9
ART. II.—Gunshot Wounds of the Head By Prof. Edwin Freeman, M. D., late Surgeon U. S. Vols. ....	15
ART. III.—Diphtheritic Croup. By W. L. Guin, M. D. ....	18
ART. IV.—Suspended Animation in Infants. By G. F. Ady, M. D. ....	20
ART. V.—Another symptom for Rhus Toxicodendron. By E. H. Holbrook, M. D. ....	21
ART. VI.—A Fortunate Coincidence. By A. M. Overman, M. D. ....	21
ART. VII.—Malarial Hemorrhagic Fever. By M. F. Dumas, M. D. ....	22
ART. VIII.—The Temperaments. By John Fisher, M. D. ....	23

## Periscope.

The Wet Sheet in Scarlatina. ....	24
Intestinal Perforation in Fever. ....	26
A new point in the Diagnosis of Ovarian Disease. ....	27
Softening of the brain. ....	27
Glycerine in Diabetes. ....	29
Pruritus Formicans. ....	29
Carbazotate of Ammonia as a substitute for Quinia. ....	29
Asmefebile Action of Salicylic Acid. ....	29
Quinine not the Remedy. ....	30
Tapping and Draining the Pleura. ....	31

Migraine, Chorea, and Rheumatism. ....	32
Influence of Chloroform on Ferments. ....	32
Preservation of Food by Compressed Air. ....	33
Treatment of Wounds and Surgical Dressings. ....	33
Pneumonia. ....	35
Physiological and Therapeutic Action of Nitrite of Amyl. ....	36
Glycogenic Function of the Liver. ....	37
Affection of the Eye in Bright's Disease. ....	38
Composition of Pus, and mode of Formation of Leucocytes of Pus. ....	39
Contribution to the Pathology of the Ovary. ....	39
Secondary Perlaeal Traumatism. ....	40
Treatment of Acute Articular Rheumatism with Starch Bandage. ....	41
Antiarthritic Paper. ....	41

## Editorial.

The New Year. ....	42
The Practice of Medicine Requires Right Thinking. ....	43
The Homoeopathic (fatal) Case of Spinal Meningitis. ....	45
Classification of Remedies. ....	46
Homoeopathic Ignorance. ....	47
Line upon Line—A Silent Revolution. ....	48
The Ohio State Eclectic Medical Association. ....	49
Send me a Recipe. ....	49
Popular Instruction in Medicine. ....	50
The College. ....	51
The Capsicum is good. ....	51
Transfusion. ....	52
BOOK NOTICES. ....	54

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

It is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*, and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is *less costly*; the price will fluctuate with the rise and fall of *bark*, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.  
April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used *very* frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JMO. Y. SHINDEL, M.D.



Gent: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and *all* I think that you claim for it. For children and those of irritable stomachs, as well as those too easily *quinized* by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., NORTON, TEXAS.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., LOUISVILLE, KY.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., PEKIN, ILL.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D.,  
Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D.,  
Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., DALLAS, TEXAS.

We will send a sample package for *trial*, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists,**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

**BOSTON, MASS.**



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

For Official and other

Sugar Coated Pills.



## TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

Special Racines made to Order for 3000 or more Pills.

# WARNER & CO.'S Phosphorus Pills.

PIL: PHOSPHORI COMP., each containing Phosphorus, gr. $\frac{1}{100}$ ; Ext. Nux Vom. gr. $\frac{1}{4}$ ,	Per Hundred, Price, \$2.00
PIL: PHOSPHORI ET NUCIS VOM.—Phosphorus, gr. $\frac{1}{50}$ ; Ext. Nux Vom., gr. $\frac{1}{8}$ ,	Price, \$2.00
PIL: PHOSPHORUS IRON AND NUX VOMICA.—Phosphorus, gr. $\frac{1}{100}$ ; Ferri. Carb. Val., gr. 1; Ext. Nuc Vomicae, gr. $\frac{1}{4}$ ,	Price, \$2.00
Also, PIL: PHOSPHORI, gr. $\frac{1}{50}$ , and PIL: PHOSPHORI, gr. $\frac{1}{100}$ ,	Price, \$1.00

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:—

## *Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.*

*The Pilular form has been deemed the most desirable for the administration of Phosphorus.* It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

*THIS method of preparing Phosphorus has been discovered and brought to PERFECTION by us,* and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care.

## PHOSPHORUS AS A REMEDY FOR NEURALGIA.

Prof. J. Ashburton Thompson contributed a valuable paper to the "*London Practitioner*," on the use of Phosphorus for the above-named complaint, large doses being employed by him (the 1-25 gr. or more) and with marvelous success. He records 18 cases, and arranges them in three classes—Acute Primary Attacks, Acute Recurrent Attacks, and Chronic Cases. Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second, between 30 and 40; in the third, between 24 and 40.

Some of the patients suffered from Trigeminal, some from Cervico-Occipital, some from Cervico-Brachial Neuralgia, and one in the second class from Sciatica. *All the cases in the first two classes were cured;* of the third class, three were cured, one of the patients having been afflicted 16 years, without a week's freedom from pain.

## PHOSPHORUS AS A NERVE TONIC.

Its use is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2d. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

# MEDICAL SUPPLIES

FOR

## Physicians and Hospitals.

**Pil: Lixiv** with formula appended, comprising over one hundred and fifty varieties, with those **OFFICIAL** in the U. S. Pharmacopœia, are furnished when requested.

### PIL: PHOSPHORI COMP:—WARNER & CO.

EACH CONTAINING

**Phosphorus, one-hundredth grain.—Ext: Nux Vomica, one-fourth grain.**

**PRICE, \$2.00 PER 100.**

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for diseases common to them; such as

**Lapse of Memory, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Impotency.**

The pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of Subdivision, as it is incorporated with Glycerine, etc., in solution.

Dr. G. Dujardin Beaumetz, of the Hôpital de la Pitié, Paris, concludes:—After an elaborate study of the action of phosphorus in locomotor ataxia, that: 1. Phosphorus appears to have a favorable influence in progressive locomotor ataxia. 2. Phosphorus acts as an excitant and as a tonic to the nervous system. It returns to the nervous tissue an indispensable element. 3. The administration of phosphorus should be commenced in small doses, one milligramme (about the 100th of a grain), and increased gradually. The administration should cease when digestive troubles supervene.—*Bulletin Général de Thérapeutique*, Jan. 15th, Feb. 29th. March 18th, 1868.

### PIL: IODOFORMI ET FERRI.—WARNER & CO.

A powerful general Tonic and Alterative; valuable as a remedy in

**SCROFULA, ANÆMIA, NEURALGIA, CHLOROSIS, CONSUMPTION, etc.**

We make special mention of these Pills of our manufacture, as the medical journals throughout the country contain contributions from reliable authors who have made wonderful cures after having used, without success, all other known remedies.

Each label bears the formula and dose.

**PRICE, \$2.50 PER 100.**

We give below a brief extract from a report of the Lehigh County Medical Society, as published in the Transactions of the Medical Society of Pennsylvania, June, 1868.

"Internally I gave quinine and iron, and a good nourishing diet. Still I found great trouble in keeping up healthy granulations; they would become sluggish. I tried a number of alternatives, as iodide of potassium and lime. Still the cure progressed very slowly, until my attention was attracted to an article in the *Medical and Surgical Reporter*, on 'Iodoform and Iron.' I at once concluded to give this remedy a fair trial. I discontinued all other constitutional treatment, and gave three pills three times a day, *manufactured by Wm. R. Warner & Co., of Philadelphia*. I soon had the satisfaction of seeing a rapid improvement. The pain at once left her limb, with which she had suffered continually; the granulations became more healthy and more abundant, and I now have the satisfaction of seeing my patient engaging in all her household duties. *Not a vestige of the disease is to be seen. The patient is enjoying perfect health; is active and lively.*

"Since I have treated two other cases, one of three and one of four years' standing, with the same good result. I am convinced of the efficacy of the remedy: P. L. REICHARD, Chairman Sanitary Committee."

SENT BY MAIL ON RECEIPT OF CATALOGUE PRICE.

# IMPORTANT NEW REMEDIES.

(VINUM FERRI CUM CIBO.)

**WARNER & CO.**

## Wine of Iron with Beef.

Liebig's Ext: Beef, Citrate of Iron and Malaga Wine.

**TONIC, NUTRITIVE, STIMULANT.**

**T**HIS preparation possesses, in the highest degree, the valuable properties of its ingredients so combined as to form a pleasant remedy for Debility, Exhaustion, Impoverishment of the Blood, Convalescence, &c.

DOSE—One tablespoonful containing 2 grs. Cit: Iron and the virtues of one ounce of Beef.

**In Pints per Doz. \$8.00.**

(Vinum Ferri, Cibi et Cinchonæ.)

Warner & Co.

## Wine of Iron with Beef AND CINCHONA.

**Nutritive, Tonic and Antiperiodic.**

The value of this preparation will be readily recognized by the scientific practitioner, embodying as it does the blood-making and life-sustaining elements which this combination affords for the relief of Exhaustion, Debility, Impoverishment of the Blood, Convalescence, Chlorosis, &c.

An adult dose is one tablespoonful one hour before meals. To children given in proportion.

**In Pints per Doz. \$10.00.**

**PREPARED BY**

**WILLIAM R. WARNER & CO.**

Manufacturers of

**Sugar-Coated Pills, Fluid Extracts, &c.**

**No. 154 NORTH THIRD STREET,  
PHILADELPHIA.**

253

THE

ECLECTIC

# MEDICAL JOURNAL.

x. 7712.10  
12.36.

EDITED BY

1/5.

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY  
IN THE ECLECTIC MEDICAL INSTITUTE.

---

VOL. XXXVI.

---

CINCINNATI:

PUBLISHED BY JOHN M. SCUDDER.  
1876.

213.068

189.77

# INDEX.

<b>A</b> nother symptom for rhus.....	21	Bones, their physiology and pathology.....	401
<b>A</b> monia, carbazotate of.....	29	Boils and carbuncles.....	444, 498 570
<b>A</b> ntifebrile action of salicylic acid.....	29	<b>C</b> arbazotate of amonium.....	29
<b>A</b> myl, nitrite of.....	479, 86	<b>C</b> horea.....	33, 33
<b>A</b> ntiarthritic paper.....	41	<b>C</b> hloroform, influence on ferments.....	33
<b>A</b> nal fistula.....	57	<b>C</b> omposition of pus.....	39
<b>A</b> lcohol, its uses in the body.....	70	<b>C</b> ontribution to pathology of the ovary...	39
<b>A</b> bortion, medico-legal aspect of.....	87	<b>C</b> lassification of remedies.....	46
<b>A</b> ural discharges.....	125	<b>C</b> apsicum is good.....	51
<b>A</b> nus, fissure of, chloral in.....	136	<b>C</b> onsumption, alcohol for.....	70
<b>A</b> dvertised remedies.....	327, 266, 162	<b>C</b> holera, conclusions respecting.....	88
<b>A</b> lcohol, physiological action of.....	180	<b>C</b> onservative surgery.....	100
<b>A</b> ction of remedies.....	188	<b>C</b> alifornia Eclectic Medical Society.....	103
"    "    certainty in.....	190	<b>C</b> amphor, monobromide of.....	133
<b>A</b> dvice to consumptives.....	224	<b>C</b> hloral in fissure of the anus.....	136
<b>A</b> dantage of organization.....	243	<b>C</b> arbolized catgut ligature.....	136
<b>A</b> merry heart.....	246	<b>C</b> hlonanthus virginicus.....	159
<b>A</b> rsenic in chorea.....	273	<b>C</b> hlorophyll and medicine.....	163
<b>A</b> good location.....	380	<b>C</b> roup, diphtheritic.....	221, 165
<b>A</b> conite.....	382	<b>C</b> entennial thoughts.....	169
<b>A</b> nchyloais of the jaw.....	399	<b>C</b> linical lecture on surgical diagnosis.....	170
<b>A</b> n open letter from Michigan.....	404	<b>C</b> ertainty in the action of medicines.....	190
<b>A</b> sclepias.....	419	<b>C</b> hronic nasal catarrh.....	191
<b>A</b> utomatic method of opening the Eusta- chian tube.....	423	<b>C</b> atarrhal fever.....	192
<b>A</b> rteries, torsion of.....	424	"    "    another phase of.....	195
<b>A</b> revolution.....	426	<b>C</b> onditions justifying amputation.....	201
<b>A</b> tropia and morphia in asthma.....	465	<b>C</b> olored light, treatment of insanity with	205
<b>A</b> spiration.....	509	<b>C</b> onvulsions, puerperal.....	213
<b>A</b> t home.....	521	<b>C</b> ase in practice.....	213
<b>A</b> cids as remedies this Fall and Winter...	523	<b>C</b> hloride of lead as a disinfectant.....	215
<b>A</b> woman on women doctors.....	548	<b>C</b> atheter, hydrostatics of.....	223
<b>A</b> sudden and grateful relief.....	552	<b>C</b> onsumptives, advice to.....	224
<b>A</b> quapuncture.....	566	<b>C</b> hloral as an application to ulcers.....	227
<b>B</b> rain, softening of the.....	27	<b>C</b> entennial joke.....	233
<b>B</b> ook notices.....	583, 386, 434, 483, 533, 54	<b>C</b> ommon sense, common honesty.....	236
<b>B</b> rooklyn dispensatory.....	95	<b>C</b> olored light as a remedy.....	238
<b>B</b> elladonna, indication for.....	120	<b>C</b> hloroform vs. strychnia.....	253
<b>B</b> ladder, puncture of through rectum...	147	<b>C</b> leansing the middle ear.....	268
<b>B</b> andages in hastening delivery.....	166	<b>C</b> ontagion and bacteria.....	270
<b>B</b> iliary calculi.....	169	<b>C</b> horea, treatment by arsenic.....	273
<b>B</b> lood letting.....	185	<b>C</b> utaneous disease, use of rubber cloth...	279
<b>B</b> acteria poultices.....	268	<b>C</b> oma, chief causes of.....	280
"    and contagion.....	270	<b>C</b> ayenne pepper.....	289
<b>B</b> usiness is business.....	295	<b>C</b> entennial.....	290
<b>B</b> elladonna, is it a prophylactic in scar- latina.....	355	<b>C</b> alculi, pulmonary.....	306
<b>B</b> ilious fever of the tropics.....	371	<b>C</b> inchonidia.....	308
		<b>C</b> linical notes.....	418, 314
		<b>C</b> ervical glands, enlarged.....	326

Causes of rectal diseases.....	331	Frightened at homœopathy.....	190
Common sense.....	333	Fever, catarrhal.....	192
Chloral hydrate.....	335	Female bladder, irritation of.....	323
Cellular pathology.....	377	Fluctuation as a sign.....	320
Children, diseases of.....	393	Fluid extract of gossypium.....	537
Chloral, external use of.....	463	<b>G</b> un-shot wounds of the head.....	15
Cephalalgia, nervous.....	467	Glycerine in diabetes.....	29
Cold water in fever.....	470	Glycogenic function of the liver.....	37
Cancer in the groin.....	500	Grindelia robusta.....	94, 97
Code, Mosaic sanitary.....	517	Gelseminum.....	106
Chorea, hyoscyamin in.....	518	Graphites.....	339
Chronic catarrh, can it be cured?.....	523	Gangrene.....	249
Clothing, color of.....	528	Grindelia squarrosa.....	301
Credulity, Homœopathic.....	530	Green tinctures.....	310
Cyanosis with retarded menstruation.....	547	Granular pharyngitis.....	441
Cold in the head.....	559	Gleanings.....	553, 390, 487, 534
Croup.....	580	Gossypium, fluid extract of.....	537
Clermont Eclectic Medical Association.....	582	<b>H</b> omœopathic ignorance.....	47
Close of the centennial year.....	571	Homœopathy, frightened at.....	190
<b>D</b> iphtheritic croup.....	125, 165, 221, 18	Hydrostatics of the catheter.....	323
Diagnosis of ovarian disease.....	27	Heart, merry.....	246
Diabetes, glycerine in.....	29	Hemiplegia.....	277
Diphtheria.....	66	Hypophosphite of olein and glycerine.....	306
Diagnosis, surgical.....	116	Hemorrhoids, treatment of.....	323
Diphtheria, phytolacca in.....	132	Hypodermic treatment of enlarged glands.....	326
Diphtheritic paralysis.....	177	Hyoscyamin in chorea.....	518
Dysentery.....	563, 573, 309	Hemorrhoids, bismuth in.....	520
Disinfectant, chloride of lead.....	215	Home.....	521
Disease, study of.....	282	Homœopathic credulity.....	531
Diseases of the rectum.....	299	How to cure a cold in the head.....	559
Diagnosis, simplicity in.....	329	<b>I</b> ntestinal perforation.....	25
Definite medicines.....	358	Influence of chloroform on ferments.....	32
Distinction without a difference.....	384	Infantile ophthalmia.....	84
Diseases of Children.....	393	Inflammation.....	137, 89
“ from soap.....	454, 400	Indication for belladonna.....	120
Diagnosis and therapeutics.....	429	Inflammation of the lungs.....	139
Diagnosis of diseases of urinary organs.....	472	Indiana society.....	148
Death from ether.....	488	Insanity treated by colored light.....	205
Dioscorea villosa.....	504	Internal hemorrhoids.....	208
Doctors differ.....	556	Irritation of the female bladder.....	323
Diabetes cured by skim-milk diet.....	561	Iowa State Society.....	241
Dislocation of the shoulder.....	571	India rubber cloth in cutaneous diseases.....	279
<b>E</b> xamples of enforced conservative surgery.....	100	Inherited syphilis.....	366
Effectual plug in nasal hemorrhage.....	128	Is leprosy contagious?.....	432
Equisetum hyemale.....	129	International Medical Congress.....	490
Euphorbia hypericifolia.....	142	Inflammation of the bowels.....	531
Eriodcyon glutinosum.....	247, 150	<b>J</b> ujuba.....	86
Electricity, its therapeutic applications.....	179	Jaundice.....	231
Epidemics, meteorological conditions preceding.....	223	Juglans cinerea.....	332
Elastic ligature in the treatment of fistula.....	324	Journal for 1877.....	582
Esmarch's bandage.....	361	<b>K</b> ansas State Society.....	103
Excision of the upper jaw.....	408	<b>L</b> ine upon line.....	48
External uses of chloral.....	463	Lobelia, physiological action of.....	126
Eclectic societies.....	479	Leucorrhœa, running down to the heels.....	194
Encephaloid cancer in the groin.....	500	Lead, chloride of.....	215
Epilepsy.....	525	Laws regulating medical study and practice.....	235
<b>F</b> ortunate coincidence.....	21	Letter from Indianapolis.....	256
Fistula, anal.....	57	Light as a remedy.....	281
Fascinations of science.....	85	Lymphatic glands, tumors of.....	327

Letter from Michigan.....	404	Plug in nasal hemorrhage.....	128
Letters from Prof. Scudder.....	385, 413, 447, 498	Pathological anatomy of malarial fevers.....	132
Leprosy.....	432	Pathology of sun strokes.....	133
Lymphatic glands, enlargement of.....	512	Puncture of bladder through the rectum.....	147
Liquid bismuth for hemorrhoids.....	530	Prunella vulgaris.....	159
Legalized prostitution.....	549	Perineum, rupture of.....	153
<b>M</b>		Purulent ophthalmia of children.....	167
Malarial hemorrhagic fever.....	29	Physiological action of alcohol.....	189
Migraine.....	32	Pomegranate bark for tape-worm.....	207
Meningitis, spinal.....	45	Placenta previa, case of.....	210
Mismanagement of lying in women.....	86	Polymnia uvedalia.....	211
Medico-legal aspect of abortion.....	87	Puerperal convulsions.....	212
Monobromide of camphor.....	132	Pregnancy, vomiting of.....	219
Meteorological conditions preceding epi- demics.....	223	Paracentesis pericarditis.....	220
Materia medica, study of.....	228	Prevention of scarlatina.....	271
Michigan State Society.....	342, 241	Protoplasm.....	275
Mortification.....	249	Paracentesis abdominis.....	303
Necrotasis.....	325	Pumpkin seed for tape-worm.....	307
Massachusetts Society.....	340	Pharmaceutical chemistry.....	345
Metrorrhagia.....	351	Phytolacca in disease of the skin.....	349
Menstruation.....	368	Puerperal pyemia.....	370
Morphia and atropia in asthma.....	465	Pharyngitis, granular.....	441
Musly vigor.....	431	Polygonum hydropiper.....	462
Mumps.....	516	Pentadactyl type.....	505
Mosaic sanitary code.....	517	Pathology of hip joint disease.....	514
<b>N</b>		Plaster of Paris jacket.....	518
Nitrite of amyl.....	479, 36	Prolapsus ani.....	520
Nasal hemorrhage.....	128	Prostitution, legalized.....	549
Nasal catarrh.....	191	Practice of medicine, re-study of.....	573
National Society.....	409, 195	<b>Q</b>	
New indigenous remedies.....	332	Quinine not the remedy.....	30
National conventions.....	353	Quinine as a gargle in sore throat.....	272
Notes and queries.....	365	<b>R</b>	
Notes, clinical.....	418	Rhus toxicodendron.....	21
New remedies.....	489	Rheumatism.....	32
New method of reducing dislocation of the shoulder.....	571	Right thinking.....	48
No more ovariectomy.....	567	Remarkable case.....	114
<b>O</b>		Religion and medicine.....	145
Ophthalmia, infantile.....	84	Rectum, puncture of bladder through.....	147
Oxema.....	191, 86	Rupture of the perineum.....	153
Ohio State Society.....	337, 148	Rheumatism, salicylic acid in.....	279
Ophthalmia, purulent.....	167	Rectum, diseases of the.....	299
Organization in Ohio.....	243	Rectal diseases, causes of.....	331
Ovariectomy.....	420, 384	Revolution.....	426
Obstetrical observations.....	395	Remedies, new.....	469
Operative treatment in hip disease.....	514	Re-study of the practice of medicine.....	572
Ovariectomy, no more.....	567	<b>S</b>	
Osteotomy, subcutaneous.....	569	Surgical instruments.....	9
<b>P</b>		Suspended animation.....	30
Perforation, intestinal.....	26	Scarlatina, wet sheet in.....	24
Pruritis formicans.....	29	Softening of the brain.....	27
Pleura, drainage of.....	31	Surgical dressings.....	38
Preservation of food.....	33	Send me a recipe.....	49
Pneumonia.....	35	Scalping by machinery.....	58
Physiological action of nitrite of amyl.....	36	Science, fascinations of.....	65
Pus, composition of.....	39	Specific medication.....	121
Pathology of the ovary.....	39	Salicylic acid in aural discharges.....	125
Popular instruction in medicine.....	50	Subcutaneous injection of water.....	131
Penicillium sedoides.....	294, 94	Surgical diagnosis.....	170
Pharmacy, office.....	94	Sudden death after uterine injection.....	219
Pregnancy, ideas about.....	119	Spider-web.....	228
Physiological action of lobellina.....	126	Special symptoms indicating remedies.....	233
Pharmacists and physicians.....	127	Scarlet fever.....	255
		Strychnia vs., chloroform.....	258
		Scarlatina, prevention of.....	271

Surgery.....	375	Torsion of arteries.....	424
Simplicity in diagnosis.....	329	Teeth.....	456
Scarlatina, belladonna as a prophylactic.....	356	Typho-malaria.....	482
Syphilis, inherited.....	386	Trephining sclerotic.....	515
Soap, diseases from.....	454, 400	Treatment of urethral disease.....	565
Spasmodic asthma.....	465	Treatment of boils and carbuncles.....	570
Sleeplessness.....	468	<b>U</b> lcer, transplantation for.....	81
State medicine.....	473	Urethra, male.....	101
Senseless opposition.....	478	Unusual case.....	123
Stray thoughts.....	501	Uvedalia.....	524, 211, 141
Specific medicines.....	532, 503	Uterine injection, death after.....	219
Suits for mal-practice.....	526	Ulcers, chloral in.....	237
Skim-milk diet in diabetes.....	561	Urinary organs, diagnosis of diseases.....	473
Subcutaneous osteotomy.....	569	Urethral disease.....	565
Special providences.....	579	<b>V</b> accination.....	95
<b>T</b> emperaments.....	23	Vomiting of pregnancy.....	219
Traumatism, secondary perineal.....	40	Veratrum viride.....	263
Transfusion.....	52	<b>W</b> et sheet in scarlatina.....	24
Transplantation of skin for the cure of ulcers.....	81	Wounds, treatment of.....	33
Tubercular matter taken as food.....	135	Warburg's tincture.....	131
Tela araneæ.....	235	Women doctors.....	543, 396
Tinctures made from fresh herbs.....	260	Water cure in fever.....	470
Tumors of the breast.....	315	What was it?.....	556
“ of the lymphatic glands.....	327	<b>Z</b> izyphus jujuba.....	86
Too late for the fair.....	352		

77/2.10  
K

T H E

# ECLECTIC MEDICAL JOURNAL.

VOL. XXXVI.

JANUARY, 1876.

No. 1.

## ORIGINAL COMMUNICATIONS.

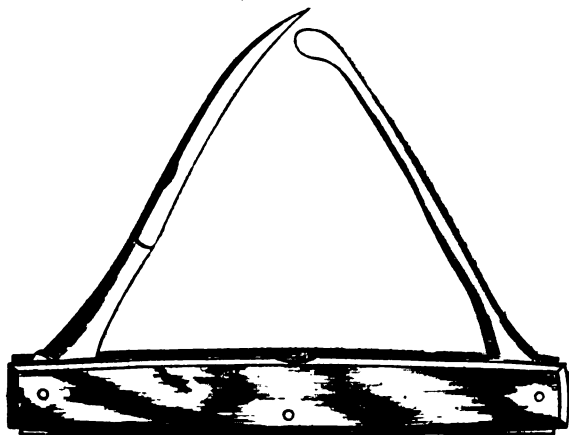
**Art. I.—Surgical Instruments.** By PROF. A. J. HOWE, M. D., Cincinnati, Ohio.

As a matter of convenience, surgical instruments have been arranged in sets and packed in leather or wooden cases. The commonest of these is the ordinary pocket-case, which is carried by almost every physician in his daily round of practice; next in importance for general surgery is the amputating-case, which, besides a tourniquet, saws, bone-nippers, amputating and a variety of knives, often embraces trephining instruments, polypous and gouge-forceps, tenacula, scissors, catheters, sounds, trocars, a limited set of eye-instruments, as well as those necessary to perform lithotomy.

While these instruments would answer to execute the plainer operations of a general character, whether small or large, it requires a vast number of implements, peculiar in construction, for special departments in operative surgery. The oculist, for instance, needs to invest from a hundred to a thousand dollars in instruments necessary to successfully pursue his specialty. The closure of vesico-vaginal fistulæ requires a variety of instruments made especially for that purpose. Lithotripsy can not be performed without expensive implements which are forged, fashioned, and highly wrought for that purpose alone,—a lithotrite costing twenty-five dollars is useful only in crushing stone in the bladder. The tonsils can not be excised without a tonsilotome—a complicated instrument made specially for their excision. Necrosed bone can not well be removed without drills, chisels, and gouges in multiple shapes and sizes. The chain-saw and the ecraseur belong to a surgeon's armamentarium; a stomach-pump, an Esmarch bandage, a hypodermic syringe, and a variety of anal and vaginal specula, throat and ear mirrors, body thermometers, and explorers, constitute a few of the surgical instruments not usually combined in methodical sets, yet may be assorted and arranged in cases. Strictures of the urethra, which are narrow, tortuous and callous, can not be treated successfully with bougies, therefore a set of permeators, dilators,

anus when carried into an anal fistula. The iron grooved director is to be used when the intricacies of a case require the employment of two instruments of the same general character.

A pair of surgical scissors which need not differ essentially from the ordinary implement, occupies an important position in a pocket case. One blade may have a probe-joint, though that feature is not essential. The instrument should be strong, and in good condition. Scissors that will not hold an edge, are a source of vexation; even the best of cutlery in the way of scissors, soon gets dull, therefore the surgeon should frequently sharpen the instrument, or substitute it with a new article. It is employed to cut adhesive plaster, to divide umbilical cords, to fashion compresses and various kinds of dressings, and to snip off ragged or sloughing pieces of flesh. Inasmuch as scissors divide tissues in a crushing manner, like an *ecraseur*, their wounds do not bleed as freely as those made with



CURVED BISTOURY AND GUM-CUTTER.

a sharp knife, consequently they are coming more and more into use in the removal of tumors after the integument is incised with a knife, and in the freshening of surfaces that are to be joined with sutures.

A blunt hook for raising tendons in operations for the cure of strabismus may very properly have a place in the pocket set, though the instrument is rarely found in ordinary pocket cases. I have found it useful in exploring cavities in decayed teeth, and in seeking bits of broken glass, steel and needles, that have been forced into the palmar and plantar fascias. Chiefly for the latter purposes I have given the instrument a place in my pocket case.

Two pairs of dressing forceps are convenient; one is for extracting polypi and foreign bodies from the nasal cavities, bullets from superficial wounds, and for various manipulations of a minor character. The beaks are slender enough to pass through the female urethra, and the forceps may thus be employed to remove small calculi from the bladder of young subjects. They are not long and strong enough to remove a large calculus from the bladder of an adult female. I have introduced a pair of toothed

forceps, with wide beaks or points, into my pocket case. The instrument is invaluable in seizing, twisting and mashing bleeding vessels, and in making a secure grip upon small tumors while excising them. In performing an ordinary dissection, I find the instrument exceedingly valuable.

Some part of the pocket case contains a lancet, yet at present there is little use for the instrument. Considering the important position the lancet once held in therapeutics, it should still occupy a niche in the pocket case, if for no purpose except that of historical significance.

#### THE AMPUTATING CASE.

The surgeon who would perform capital operations, as amputations, resections, and the more important operative procedures, must possess an amputating case of instruments. This in a restricted sense need not embrace more than two or three amputating knives, a tourniquet, an amputating saw, a pair of bone nippers, a tenaculum, and a few minor implements that also might be found in a pocket case; and such a set might be bought for fifteen or twenty dollars. But as the case would cost too much in proportion to its contents, and as the performer of amputations aspires to the execution of many of the larger operations in surgery, what ordinarily passes as an amputating case, embraces a variety of instruments which do not strictly belong to an amputating set. However, it rarely contains instruments for special purposes, the object of the combination or methodical arrangement being to bring together in a portable form, when cased and enveloped in leather, a set of instruments that will answer for general purposes. It is not essentially unlike what is called a "field-case" in military surgery.

In a general set of the kind under consideration there should be three amputating knives, one blade being ten inches long, another eight inches, and the third six inches; and there should also be a heavy scalpel four inches long. There is no necessity for a catling, or double edged knife. The amputating knives should be stiff enough to resist springing much while in use. A very thin blade is as objectionable as one too thick. The longest blade is to amputate through the upper third of the thigh, and at the hip joint: the eight inch will do for the adult arm or leg; and the six inch for children's limbs. The large scalpel is useful in disjuncting the carpus and tarsus.

A pair of bone-cutting forceps may be employed to trim off spicula the saw may leave, and to divide the phalangeal bones, in place of what is called a metacarpal or phalangeal saw.

The amputating saw should have as much length as the amputating case will admit—commonly from twelve to fifteen inches. The teeth of the saw should be made to cut bone rapidly and easily.

A tray of smaller instruments fits in the amputating case, and may contain a tenaculum, two scalpels of moderate size, a probe-pointed bistoury, and a curved bistoury with a sharp point. It may also have a pair of curved scissors for small operations, particularly strabismus; and a pair of depilating forceps, chiefly used in extracting "wild hairs" from the edges of the eyelids.

In some part of the case there should be two or three trocars,—one of

small size to evacuate hydroceles, and may do in paracentesis of the thorax or abdomen, though the latter cavity holds so much fluid that too much time is consumed in emptying it through a small canula. A long and curved trocar is employed to tap the bladder through the rectum when catheterism is impracticable: its use is rare, but, when necessity calls, the instrument is indispensable. A very large trocar for emptying ovarian cysts does not belong to an amputating case of instruments.



**GENERAL OPERATING CASE.**

A trephining set of instruments is usually arranged in an amputating case; and embraces, besides a trephine, a brush to clear the saw-like edge of the trephine, an elevator to pry up depressed pieces of bone, and Hey's saw,—an instrument with a straight edge on one side and a convex edge on the other, and employed to remove a spiculum or prominence of broken skull, and thus save the use of the trephine. A pair of gouge-forceps may belong to the set, or form a part of a general operating case. In the removal of carious bone, the instrument is invaluable.

In a trough or compartment of the tray there should be an aneurismal needle, and a variety of small implements, as pins, probes, silver wire for sutures, and ligatures of silk and hemp.

In some part of the case there should be a variety of metallic catheters, vesical sounds, a lithotomy staff, and a long bladed, probe pointed, narrow knife, to be used with the staff in performing lithotomy. The straight

history of the pocket case will do, but a regular lithotomy knife does better. Then, of course, the case must embrace a pair of lithotomy forceps for extracting the stone after it is cut upon. As boys are liable to vesical calculi, a lithotomy set of instruments should embrace a grooved staff of small size, as well as the large one for adults.

Inasmuch as the general instrument case is carried when surgical trips are made into the country where unexpected operations may have to be performed, it is well to have the collection of instruments embrace a few eye-instruments. One of these may be a cataract needle, to break up the capsule of the lens in congenital cataract; another should be Graafe's knife to perform Liebreich's operation, a third might as well be Beer's triangular knife, a fourth the lance-shaped instrument for iridectomy, then a pair of toothed forceps of delicate structure, and a slender pair of curved scissors. Desmarre's ring and plate forceps are necessary to hold the lower lid in an inverted state while a small tumor is being dissected from the lid through an incision made in the conjunctival lining,—to save a scar in the tegumentary covering. Other surgical instruments belong to special sets, or are of a nature not readily classified. It is well for a surgeon to have a leather bag, in which he can hastily pack a variety of instruments and implements that may be needed in an emergency. A box of ready-cut adhesive plaster, of various widths, should always be kept in the leathern pouch; also a supply of sponges, roller bandages, and a parcel of patent lint, should always be in the bag. A four ounce vial of chloroform is to be in readiness; and it is well to have a styptic at command. In the event of a railroad or other accident where many persons are liable to be injured at once, the surgeon, to be prompt and efficient in affording relief, must be prepared in advance to render the highest order of services in the nature of his professional avocation.

---

**Art. II.—*Gun-shot Wounds of the Head.*** Abstract of Reports from the Medical and Surgical History of the War of the Rebellion.—By PROF. EDWIN FREEMAN, M. D., late Surgeon U. S. Vols.

**PENETRATING GUN-SHOT FRACTURES OF THE SKULL.**—Though the larger numbers of such accidents are immediately fatal, the sufferers being instantly killed, or lingering for a few hours at the field depots, yet a not inconsiderable number of cases came under treatment at the hospitals. Eighteen cases are given of penetration of the cranium by a musket ball which may or may not have lodged somewhere in the cavity. These cases recovered with various degrees of disability. Nineteen cases are reported of penetrating fractures in which the probe could be passed readily into the substance of the brain, or between the membrane and skull, in the track of the missile, which could not be reached, and was not removed. The patients recovered, some with complete and others partial disability.

**MISSILES EXTRACTED FROM WITHIN THE CRANIUM.**—In many cases, attempts were made to remove projectiles which had penetrated the cranial cavity, and even imbedded themselves in the substance of the cerebral hemispheres. Though most of these cases had a fatal termination, the evidence seems conclusive, that in a few this operation was successfully

accomplished. Eleven successful cases are reported of recovery, the most of whom were completely disabled. Also twelve cases are reported where, after the operation for removal, there was temporary improvement for a greater or less time, but which finally died. Twenty-eight cases are given of penetrating fractures without attempt at removal in which the patients were transferred to hospital and lived for some time (varying), and finally died. In five cases, the presence of balls within the cranial cavity was unsuspected during life, and was only discovered at the autopsy.

**PERFORATING GUNSHOT FRACTURES OF THE SKULL.**—A few instances are reported where men survived after perforations of the cranium by musket balls. Private Patrick Hughes, Co. K., 4th N. Y. Volunteers, aged twenty-three years, was wounded by a single conical musket ball, which entered an inch posterior to the junction of the coronal and sagittal sutures, and emerged an inch above the occipital protuberance, producing a wound four inches in length, passing through the cranium. The treatment was shaving the hair and cold water dressings, and as swelling subsided, cerate dressings and sitting position. There was hernia cerebri for which compression was used, which was speedily abandoned on account of the serious symptoms it produced. The hernia gradually subsided without interference. He recovered and was pensioned. No bone closes the opening, but the scalp and hair dip down into the hollow. His memory is quite good, but not so good as before the injury. He is easily bothered and confused, and more irritable than formerly. The sight of the right eye he thinks is poor. Sexual power is undiminished; there is no paralysis. When recumbent the hollow is gradually obliterated, and in about one minute replaced by a rounded protuberance. Thirteen other cases are reported of perforating wounds of cranium and of recovery with total and permanent disability. In the treatment there was in some considerable loss of brain substance. Vision was destroyed in two instances and impaired in seven others. Complete deafness resulted in one case; hemiplexia in one; paraplegia in one; and local paralysis in three others; while nearly all suffered from vertigo, headache, defective memory and various forms of impairment of the mental faculties. Fifty-four fatal cases are recorded in which the patients lived after being placed under treatment, to periods varying from one hour to four months after reception into hospital.

**CRASH, SMASH OR ECRASEMENT.**—The depressed fractures of the skull produced by cannon balls, or by the explosion of large shells, were commonly attended by frightful comminution and disjunction of the sutures, and were almost always immediately fatal. Yet in a few instances patients survived these dreadful injuries for several days, even when the brain substance had been lacerated or torn away. It was observed also that musket balls, and even carbine and pistol balls, fired at very short range, would cause as great destruction of the walls of the cranium as was produced generally by the larger projectiles. Some of the patients not only survived, for a short time, these injuries, but were conscious and rational for a while. One who had nearly the whole left parietal bone torn away by a shell survived two weeks.

**REMOVAL OF FRAGMENTS AFTER GUNSHOT FRACTURES OF THE SKULL.**—Fifty-five cases of complete recovery of patients with gunshot fractures of the skull, in which there was operative interference other than using the trephine for the removal of the missile or of splinters or portions of bone. Seventeen other cases of the same varieties with operative interference were pensioned. Their disabilities were epileptiform—convulsions, dizziness and impaired vision, headache, paralysis of motor nerves, deafness and pulmonary phthisis. In one case reported paraplegia was relieved by removal of the missile and depressed bone; while many other cases who recovered after the removal of detached or depressed fragments of bone, suffered ultimately from epilepsy. In this category of injuries, blindness was one of the most frequent of the remote results, while deafness was, on the contrary, less frequent; and one case is reported where the senses of smell, vision, hearing and taste were more or less completely destroyed on one side in connection with facial erysipelas. Of erysipelas only three cases are mentioned in one hundred and twenty-six cases of this variety of gunshot fracture.

**FOREIGN BODIES.**—Six cases are recorded where the fragments of bone were removed with portions of the hat and cap with the missile; they recovered and were pensioned for disability. Forty additional cases of removal of fragments are reported who were pensioned; of these nine were insane; while many suffered from vertigo, headache, partial paralysis, inability to co-ordinate the action of the muscles, and other indications of injury of the nervous centres: and fifty-five others of the same variety of injury, with recovery without disability sufficient for a pension. Forty fatal cases are reported, in which, though the foreign substances, as spiculae of bone, etc., were removed soon or at a remote period from the injury, when compression seemed to demand it, yet the compression was not relieved or the brain was too seriously injured to allow of recovery. One hundred and five cases resulted fatally, from hemorrhage, or gangrene, or pyæmia, or abscess, or encephalitis, or lodgment of missiles in brain tissue, or intercurrent diseases.

**TREPHINING AFTER GUNSHOT FRACTURES OF THE SKULL.**—One hundred and ninety-six cases of gunshot fractures of the skull are recorded, in which it was necessary to use the trephine: of these there were one hundred and ten, or 56 per cent. deaths and eighty-six recoveries. Of the latter some were returned to duty, others to modified duty in the Reserve Corps, while a large number were partially or completely disabled. Of the fatal cases 69.6 per cent. were after primary operations; 56.6 per cent. intermediary; 23.5 per cent. secondary. As to the degree of fatality according to the part of the cranium perforated, in one hundred and fifty-two operations: eighty-five cases of trephining of parietal, there were forty fatal, or 47.1 per cent.; forty-six of frontal, twenty-seven fatal or 58.7 per cent.; twelve occipital, six fatal or 50 per cent.; nine temporal, three fatal, or 33.3 per cent.

**HERNIA CEREBRI.**—Fifty-one cases of this injury, in connection with gunshot wounds of the cranium, are reported, with forty-four deaths. Of the seven survivors, four recovered with the full integrity of their intellectual faculties, while three suffered so much from vertigo and headache

as to be incapable of much mental exertion. Of the forty-four fatal cases, eight would appear to have been simply examples of primary protrusion of brain substance, from extensive gunshot fracture, and thirty-six legitimate illustrations of the condition described by surgeons as fungus or hernia of the cerebrum. Four of the fifty-one patients were trephined, and in twenty-five cases fragments of bone were removed, the projectile also being extracted in four instances.

**CONTRE-COUP, THE RESULT OF GUNSHOT FRACTURE.**—Several cases of this injury are discussed, and the position taken that no incontestable instance has been produced of counter-stroke fracture of the skull from gunshot.

**LIGATION FOR HEMORRHAGE.**—Of common carotid artery there were six cases, three of which recovered and three were fatal; of the external carotid there is one case and death; of the superficial temporal, two cases, both of which recovered. This section relating to injuries of the cranium is completed by allusion to scalping as performed by the Indians, by making two elliptical incisions through the scalp to the bone and tearing off the part and drying it, to be worn as trophies. One case is given with recovery.

**Art. III.—*Diphtheritic Croup.***—By W. L. GUIN, M. D., Braidwood, Illinois.

A disease, known among physicians here as “diphtheritic croup,” has been prevailing as an epidemic in this locality for the last three months. For the benefit of physicians who have not had an opportunity of becoming acquainted with the disease, I will give a brief description of its most prominent features and symptoms, together with post-mortem appearances. As it is a new phase of disease I know nothing of its history from reading medical authorities, and shall confine myself to facts that have come under my observation.

The disease is peculiar to children, though adults may have it, but always in a much milder form. Children between the ages of one and five years seem to be most susceptible to the epidemic influence, though younger children are often affected, and always with diminished chances of recovery. I have known a few instances where it manifested itself in its severest form in children from twelve to fourteen years of age, and terminated fatally, but as a rule, children of that age are pretty much exempt from the worst forms of the disease. Having had the disease once does not exempt the patient from a subsequent attack. I have known a few instances wherein the disease appeared a second time after the patient had fully recovered from the first attack.

Without any great degree of speculation with regard to the causes that produce this disease, I will simply say that in my opinion it is propagated by atmospheric contagion—that the poisonous agent or germ coming in contact with the mucous membrane of the respiratory passages during the act of inspiration, the inflammatory process is set up; others sufficient to poison the fluids of the body find their way into the circulation, giving rise to febrile symptoms, arrest of secretion, and disturbance of the general system.

The first symptoms are very much like and apparently no worse than we usually witness from a common cold. The child is restless and fretful, somewhat feverish and inclines to sleep. As the disease advances the febrile symptoms become more marked, the pulse full and ranging from one hundred to one hundred and forty, and in some cases as high as one hundred and sixty per minute; secretion from the skin usually arrested or diminished; kidneys normal; bowels regular; appetite variable; tongue usually clean till the advance stages of the disease, when it becomes coated from poisonous exhalations, head hot, and cheeks usually flushed, but pupils dilated. The patient inclines to sleep most of the time till respiration is interfered with. If the disease is not arrested before, the breathing now becomes difficult, the child complains of pain in the region of the larynx and trachea, pressure on those parts causes pain, but no swelling or enlargement is perceptible unless the tonsils are involved; hoarseness intervenes, till in many cases the child can not speak above a whisper; respiration is now very much labored and hurried; inspiration very difficult; expiration more natural; cough is troublesome, and decidedly croupous; expectoration yellowish, like pus from an ordinary abscess; breath offensive; breathing becomes more and more difficult; pulse irregular; the countenance is anxious; the child changes position often; the arms are in almost constant motion; the head is thrown backward struggling for breath. These symptoms continue to increase in severity till death forever closes the painful scene, and is doubtless welcomed by the little patient as a relief from its suffering.

A few days ago I held an autopsy on the body of a child that died of this disease. I found that there had been a high degree of inflammation, together with a false membrane extending throughout the entire length of the larynx and trachea. The membrane was of a darker color than that found in membranous croup, being of a light yellowish cast. There were patches where there was no membrane, but an abundance of pus-like secretion resembling very much in appearance that which we usually observe where suppuration is taking place. The mucous membrane of the larynx and trachea and the muscles of the larynx were very much congested, showing that active inflammation of those parts was present. I did not pursue my investigations further down than the bifurcation of the bronchia. I think, however, the disease extended farther, but do not think it extended to the ramifications of the bronchi. There was no swelling or enlargement of the parts external, and the muscles and parts surrounding the trachea were not inflamed. The local trouble was confined wholly to the cavities of the larynx and trachea—perhaps extended farther down. Tracheotomy could have effected nothing in this case, as the diseased condition extended much below the point of operation.

The treatment pursued by me is varied and unsatisfactory. In small children, whenever the disease becomes fully developed, involving as it does the larynx and trachea, a fatal issue may reasonably be expected. I have succeeded in conducting to a successful termination a few cases after the disease was fully developed, and will give the treatment that has proven most successful. The patient is put upon the proper sedative, Veratrum, Gelsemium, Aconite or Belladonna as indicated. The following meets the indications in most cases:

R Tinct. Veratrum, gtt. xv.  
 Tinct. Belladonna, gtt. v.  
 Water, ℥iv. M.

One teaspoonful to be given every half hour or hour, according to the urgency of the case.

R Salicylic Acid, grs. j.  
 Sugar Milk, ℥j. M.

Triturate well and divide into six powders, one to be given every four hours, placed on the tongue dry, and swallowed without water.

R Syrup Lobelia and Ipecac, q. s. to produce relaxation with slight nausea.

Stilllingia liniment, with flannel cloths wrung out of vinegar and warm water, were kept constantly applied to the neck and upper portion of the chest. The cloths being removed, warmed and reapplied every ten or fifteen minutes, or as often as necessary to keep them warm. This course must be pursued unremittingly if any advantage is derived from it. This is an outline of the treatment, though varied in different cases to meet the conditions present.

In some cases the nauseant expectorants were given to emesis, but without checking the progress of the disease, or ameliorating any of the symptoms. Indeed I believe emetics not only do no good, but that they are positively contra-indicated, and often convert a comparatively mild case into a dangerous one in a very short time, by extending and intensifying the inflammation. In other cases inhalations of Carbolic Acid and Carbolated Iodine were used, but without perceptible benefit.

If any readers of this Journal have met with similar cases it is hoped they will report their experience, that a more successful treatment may be arrived at if possible.

*Art. IV.—Suspended Animation in Infants.*—By G. F. Adye, M. D., Newtonville, Indiana.

There is doubtless no physician of any experience who has not witnessed cases of suspended animation in infants. There is always alarm when such a case occurs; and the physician who seldom fails to resuscitate the "little darling," generally not only secures the obstetrical practice of his community, but obtains the everlasting friendship of the family and a — namesake; and last, but not the least, he is pretty sure of his fee.

Some cases are easily managed. A few slaps, a bath, clearing the mouth of mucus, rolling the infant about, fanning, or severing the cord and a bleeding, will in many cases suffice; while some others will need artificial respiration. I have several times inflated the lungs with air by applying my mouth to that of the child and blowing forcibly—holding the child's nose at the same time to prevent the escape of air, and flexing the head slightly back to prevent filling the stomach instead of the lungs.

But there is a class of cases that will baffle any and all these appliances. It is, however, difficult to distinguish that class until we have tried all and failed. We usually do that first which is most convenient or comes first into our minds.

Having failed in all and become most thoroughly discouraged, I once, about ten years ago, held the infant's back near a fire—not absolutely to burn—until the child began to show unmistakable signs of vitality. The spine became quickly and highly stimulated by the heat; the babe finally "squirmed," breathed, cried, and lived. Since that time I have resorted to the heating process in such cases without much loss of time at other means of resuscitation, and seldom failed—success crowning my efforts in a greater ratio of cases than previously.

---

*Art. V.—Another Symptom for Rhus Toxicodendron.*—By E. H. HOLBROOK, M. D., Baltimore, Md.

PROF. SCUDDER—*Dear Sir:* There is a peculiar symptom for Rhus Tox. that I have not seen mentioned in your "Journal" as characteristic of this remedy. It is a *sensation of trembling*, either local or general. It is oftenest felt about the heart and stomach, but may include other parts at the same time. Sometimes patients describe it as a fluttering of the heart. It is perceived when still, though more when moving about. In most of the cases I have seen, it has been confined to the left side. There may also accompany it a sensation of numbness of the limbs, and occasionally frontal headache, or glistening redness of the cheeks with burning. I have found it in cases of womb disease, and in one case as a sequel of rheumatism. Wherever found the administration of Rhus Tox. has speedily removed the symptom. I think this may be put down as one of the *key notes* of this remedy.

---

*Art. VI.—A Fortunate Coincidence.*—By A. M. OVERMAN, M. D., Des Moines, Iowa.

Mr. George P. of our place came to my office Oct. 14th, 1875, complaining very much of pain running from the small of the back down the right side of the pelvis through the inguinal ring, and so on down the spermatic cord quite into the scrotum. The pain was intense at times, then would ease up again. On getting the history of this case, I learned that he had been under treatment for three years by as many physicians without any relief, or without being told what the disease was. I directed him to take a horizontal position that I might examine further, and I found on examination a large tumor over the pubes, extending into the scrotum, which was as large as a man's fist.

*Diagnosis.*—Inguinal, or scrotal hernia. Tried to return by taxis, but could not. What was I to do? I had no chloroform, and did not wish to send for assistance. In conning over my resources, I concluded I would try warm fomentations with tincture of lobelia. It wouldn't do, so in casting about for something else to give, my eyes fell on the hypodermic syringe. I will try it. To one ounce of water I put three-quarters of a grain of morphia sulph., let it dissolve, loaded my syringe, introduced it just above the pubic bone, and shot it off. I then waited about fifteen minutes, and made an examination to see what execution I had made, and to my great satisfaction I found the tumor had dispersed,

report "A Case in Practice," he would say: "was called to see Dolly Varden, æt. 16, temperaments as follows: Nutritive 4, Sanguine 5, Muscular 3, Mental 0 (Zero)." With such discrimination and exactness we may see how progress can be made in diagnosis and therapeutics. No more "looseness," as when nervo-bilious and lympho-sanguine temperaments reigned.

"Fly swift around, ye wheels of time,  
And bring the welcome day."

for I am sick and tired of the present drivél. One grand refinement and improvement might be made;—let the common numerical system be introduced, with an additional number of temperaments,—say: "John Phoenix, æt. 29, temperaments as follows: Lymphatic (on the scale of 100) 99, Bilious 48, Hypochondriacal 73, Hypnotic 81½, Scorbutic 18½, Sanguine 67, Splenetic 37, Nervous or Mental 54½, Muscular or Physical 89, Pulmonic 50, Hepatic 78," and so on, *ad infinitum*. No appreciative scholar could fail to see the scrupulous exactness to which such an expansive system of annotation would lead. I could endure any amount of such stuff, just for a change.

---

## PERISCOPE.

### *The Wet Sheet in Scarlatina.* By JOHN TAYLOR, Esq.

As the present high rate of mortality from epidemic scarlatina may justify practical suggestions prompted by experience, I feel it my duty to endeavor to excite the profession to a reconsideration of the remedial powers of the wet sheet as an auxiliary in promoting cutaneous elimination.

Though all agree as to the importance of promoting and sustaining cutaneous elimination in the prevention of cerebral, spinal, and other congestions, and, at a later stage, the disintegration of mucous membranes, dropsy, and glandular enlargements, yet this simple, powerful, and ready-at-hand auxiliary is unappreciated. Forty years' experience has assured me that this plain or medicated vapor-giving envelope affords the best *external* means for eliminating scarlatinal poison and preventing destructive sequelæ. It promptly suppresses pyrexial heat and itching; produces sleep, with a soft secretive skin, more or less continuously; and enables the digestive organs to accomplish that great desideratum in the treatment of scarlatina—viz., absorption of highly nutritious food. It may be repeated, on the recurrence of the febrile paroxysm, two, three, or four times in twenty-four hours, the patient remaining enveloped from half an hour to an hour. Mothers and nurses who have witnessed its efficacy are most earnest in its repetition. My plan of procedure is to immerse a nightgown, slit up at the front, in hot water (half a pint to a pint), pure, or medicated with a drachm or two drachms of tincture of capsicum, or in the infusion of three or four pods; or in mustard-water, the clear supernatant fluid from a tablespoonful of mustard to a pint of water; extending the gown over the feet by means of a towel immersed

in the same fluid, both to be well wrung out and suddenly applied, and the patient quickly packed in two blankets previously placed on the adjoining sofa or bed; another blanket, or two pillows, or an eider-down quilt covering all.

The medicated packing is preferable in the incipency, and at any other time to evoke the rash, and in cases of cerebral oppression, with pale skin, low pulse, and delirium. Last month I had a case of this type, in which the mustard packing was applied. It did not elicit the rash, but it cured the delirium, raised an alarmingly depressed pulse, and restored the excretions. This effect was solely dependent on the medicated packing, as the patient, a girl of thirteen, could not swallow medicine or food, and enemata had not then been administered. With the aid of a tonic she made the best recovery of three in the same family, and had no sequelæ.

The auxiliary mode of treatment here defined is by no means intended to exclude the ordinary plan which every practitioner's experience has led him to select and rely upon; but I am of opinion that if packing is judiciously incorporated with such reliable treatment, it will be the means of saving many lives that would otherwise be lost, and of diminishing the severity and duration of the sequelæ.

I further believe that in other cases of blood-poisoning the exhibition of medicaments cutaneously by vapor would in some degree neutralize the poison, aid its elimination, and, as in packing, soothe the whole nervous system. During a cholera epidemic in Liverpool I had part charge of a district where nearly all who first went into the hospital died. One woman, with cholera in the malignant form, was packed in a wet sheet, with half a pound of mustard, and remained enclosed six hours notwithstanding her imploring entreaties to be released. She drank copiously of iced water. The vomiting, purging and cramps began to abate in two hours, and had ceased when she was unwrapped, presenting the ordinary lobster change from blue to red. Gastric fever, with great thirst, ensued for several days, when she recovered as a brand plucked from the burning.

Modern parliamentary mustard, deprived of capsicum and other adjuncts which made it formerly a condiment so famous, would not have answered the purpose. Doubtless, *persevering cutaneous elimination* is a great medical power.

Not only as an eliminator may the wet medicated envelope be used, but as an antispasmodic in the relief of pain and irritation in any of the membranes, mucous, submucous, or serous; with the aid of chloral, morphia, conium, belladonna, nux vomica, etc., dissolved in the water, or sprinkled on any particular part of the wet sheet. It has the merit of antiquity from the ancient Romans, and among the farmers of Great Britain for the relief of colic, and the inflammatory diseases of cattle. A sheet, wet with some herb decoction, or water sprinkled with turpentine, was thrown over the suffering animal, and enveloped by blankets, quilts, and overcoats, snatched from the beds on which "the rude forefathers of the hamlet slept." And, doubtless, many a pang was thus allayed and many a life preserved. Modern experience has witnessed the amazing relief procurable from the wet sheet in its simple form, in pyrexial and glandular

disorders, and from the medicated form in the zymotic and spasmodic affections. In stridulous croup, for instance, I have seen the mustard sheet act magically after other means more orthodox had failed. Its power is also potential in diphtheria simulating croup, sometimes averting the impending tracheotomy knife.

The suggestion to use this auxiliary plan of treatment should not be slighted because of its antiquity or of its having been used empirically. Many blessings, moral and physical, have fallen into desuetude, and require revivals to awaken a consciousness of their existence and utility: and this is one of them, lying neglected within our reach. Objection would be rational if the more primitive plan of enveloping the suffering man or beast within the skin of a newly killed animal were recommended; but when one so simple and close at hand, so easily adapted, so soothing, and so powerful as an auxiliary in the routine of medical treatment, is recommended, suffering humanity should have the benefit of it, especially where no self-interest prompts the recommendation—except the satisfaction of doing good by presenting the cup of cold water so typical of charity.—*Lancet*.

---

### *Intestinal Perforation in Fever.*

In our first case—that of a man aged 36—the symptoms resembled those of ileus: great pain, violent spasms of the abdominal muscles, and tympanites. These set in the seventh day; great aggravation of pain took place on the eighth, and he died on the thirteenth day. A perforating ulcer capable of admitting the finger was found about three inches above the ileo-cæcal valve; the mucous membrane above and below the valve was intensely red and softened; the bladder was inflamed—inability to pass water, which yielded to treatment, having been amongst the early symptoms.

In another case of perforation the accident seemed to occur on the fifth day. The patient had headache, for which he took two doses of epsom salts, by each of which he was briskly purged. On the fifth day violent pain, prostration, and vomiting came on. He was at once admitted with faecal vomiting, collapse and pain, and tenderness of the abdomen. He died on the sixth day, all pain and tenderness of the abdomen having disappeared for many hours before death. The usual appearances of perforating ulcer, general peritonitis, and disease of the mucous glands of the ileum were found.

In our fifth case, which was a mild enteric fever with epigastric tenderness, the countenance became anxious on the thirteenth day, tongue glazed and dry, and the patient, a man aged 21, complained of pain in the belly. Soon afterwards hemorrhage from the bowels showed itself, and the abdominal pain became intense. Next day he had all the symptoms of severe peritonitis, and he died the following morning. The peritoneal cavity was filled with sero-purulent matter. About two inches from the ileo-cæcal valve an open perforation was found, and the mucous glands in its vicinity were in various stages of ulceration.

The last case I shall notice was that of a man aged 46, who a year previously had contracted ague. The paroxysms were stopped by bark, but

thirst, anorexia, soreness in the epigastrium, and yellow slimy dejections continued. Twelve days before admission he was attacked by shivering, followed by vomiting and severe pain about the umbilical region. A bilious diarrhoea succeeded, which lasted for ten days; then it ceased, and the pain became suddenly intense, with retention of urine. The belly swelled, and the pain and tenderness were general. He sank on the third day after admission.—*The Medical News and Library.*

---

#### *A New Point in the Diagnosis of Ovarian Disease.*

Mr. Spencer Wells mentioned, at a meeting of the Pathological Society a very striking fact in illustration of the practical use of the microscope in the treatment and prognosis of disease. He has long taught that single cysts near the ovary may be truly ovarian (excessive growth of one Graafian follicle) or extra-ovarian (dilatation and growth of part of the remnants of Wolffian body, or parovarium). And he has found that, while the extra-ovarian cysts are often radically cured by a single tapping, the cyst contracting and never refilling, the true ovarian single cysts are almost certain to fill again. He had also shown that the contents of the parovarian cysts consisted of little more than pure water, with scarcely any albumen, or only a little albuminate of soda, the specific gravity seldom exceeding 1005. Mr. Thornton has recently discovered that the fluid in some single ovarian cysts contains little groups of cells, which he believes are only formed from the lining membrane of the Graafian follicle; and the presence of these cells, with the higher specific gravity and the amount of albumen or paralbumen in the fluid, are sufficient to enable a surgeon to say after tapping a single cyst whether it is likely to be radically cured by tapping only, or whether it is almost certain to refill and require ovariectomy.—*Medical Times and Gazette.*

---

#### *Softening of the Brain.* By J. HUGHLINGS JACKSON, M. D.

We very frequently hear the expression "softening of the brain." It is often used by educated patients; for many people who simply suffer slight and often but temporary nervous exhaustion think, always erroneously, that they have "softening," or are going to have it. It is really an expression of pathological application, but just as the symptomatic word "apoplexy" has come to have a pathological meaning (effusion of blood), so the pathological term "softening" has come—so, at least, it appears to me—to be used, even by some medical men, as a name for a certain rude clinical grouping of symptoms in cases in which there really is no softening. This use of the term is to be deprecated. Let me mention the symptoms of cases wrongly called "cases of softening." We see patients who have become excitable, irritable in temper, and desponding; they have found that their attention easily fails, and that they can not do their accustomed work; they usually sleep badly; they have often what they call headache, but it is mostly not an ordinary headache, either in kind or in position; it is a feeling of pressure, or sometimes of burning, and its seat is the vertex or the back of the head; there is very often, indeed, a disagreeable feeling at the occiput and in the upper parts of the spine,

more distressing than pain—an intolerable physical feeling; the queer feeling in the spine is often intermittent, and frequently comes on slowly with great depression of spirits. Altogether there is a strange mixture of “mental” and “physical” symptoms. Recognizing the group of symptoms I have mentioned as a fair clinical entity deserving particularly careful study, I do not see the evidence for the diagnosis that softening of the brain is the pathological change causing them. Such cases are called by the laity nervous debility, and often by medical men hypochondriasis. The symptoms, I think, indicate nervous exhaustion, beginning often in the sympathetic nervous system, and secondarily affecting the nutrition of the highest centres in the brain. Of course this is only hypothetical, for there is no morbid anatomy of such cases. Every one’s conclusion as to their pathology must, therefore, be hypothetical. These symptoms are often produced by excesses, and especially by sexual excesses, and by “fast life” generally; they are sometimes suddenly developed by fright, and may be brought on by misery or overwork, either of the mind or the body, especially when the work is done under responsibility. Of course they occur most often in persons who inherit a weak temperament, who bear trouble badly, who are easily excited and easily depressed. In some of the cases the patients get quite well by simple common sense care, and the delusion that they have softening vanishes. In the graver, prolonged and ingravescent cases, I should think there was no softening of the brain, but rather greater firmness of it; atrophy of nerve-cells and fibres, with increase of connective tissue; there is some atrophy of the brain. In saying this I am not making a very strong statement. We often see considerable atrophy of the brain at post-mortem examinations on those who have died of non-cerebral disease, and whose mental condition has attracted no attention. Atrophy of brain is normal in old people; it is often seen in middle aged drunkards and even in comparatively young people who have been long bedridden by wasting diseases not primarily involving the nervous centres. I mention this, as you may think the statement that there is some atrophy of the brain an extravagant conclusion as to the state of things in a man whose symptoms are those of prolonged and severe hypochondriasis or nervous debility, or whatever the right name or label is.

Be sure there is no softening in these cases. Indeed, I do not see how the diagnosis that there is actual softening of the brain is in any case to be possibly arrived at, unless the patient has certain local paralytic symptoms, as hemiplegia, or some other symptoms implying a local cerebral lesion, such as affection of speech; or, again, unless there be signs of cerebral tumor (severe headache, urgent vomiting, and double optic neuritis), or evidence of injury to the head. For, so far as I know, cerebral softening is always local; I know nothing of general or universal softening of the brain. To be warranted in diagnosing softening, you must have symptoms which point to local disease. I do not say that local cerebral softening can not exist without localizing symptoms. I only say that in their absence you are not warranted in diagnosing its existence. We know that large parts of the brain may be destroyed without any marked local symptoms resulting; these parts may be destroyed by the process of softening without causing marked local symptoms.—*Lancet*.

***Glycerine in Diabetes.***

Diabetic patients lose a great deal of sugar, which in a state of health would be changed into carbonic acid and water. A great deal of respiratory heat is thus lost, and the patient must therefore use adipose matter and protein compounds for breathing purposes. To save the protein matters, glycerine is administered, since it has been shown by physiologists that it can not be transformed into sugar within the economy, but is ultimately changed into carbonic acid and water. Thus respiration is supplied, and no tissues actually wasted. It is stated in the *Mouv. Med.* of Jan. 23d, 1875, that Prof. Schultzen gives in such cases from six to eight drachms of glycerine per diem. The remedy should be continued uninterruptedly for one month, the doses remaining the same, as large ones are apt to give rise to diarrhœa.—*Lancet*.

---

***Pruritis Formicans.***

Dr. William T. Thackeray says: My attention was directed to this subject early in my professional life, and my treatment (upon the recommendation of the late Prof. S. Henry Dickson) has consisted simply of topical applications of cider vinegar; this plan has proved uniformly successful in all the cases that have come under my care.—*Medical News*.

---

***Carbazotate of Ammonia as a Substitute for Quinia.***

Dr. I. Slane, of Goalpara, states that his supply of quinia being nearly exhausted, and the indigenous antiperiodics, he was compelled to cast about him for a remedy with which to supplement his small stock of quinia. He determined to give the carbazotate of ammonia a trial, and proceeded to administer it to his fever cases. Up to the time of his writing (three months' experience of it) he had obtained very gratifying results. He finds, whilst it is far cheaper than quinia, the dose is much smaller. The largest quantity he gave in any case was 8 grains in the twelve hours. The salt has no perceptible action in increasing the appetite, but singularly enough, like quinia, after a few doses it produces tinnitus aurium and slight deafness. The urine becomes tinged of a deep orange color, which stains the clothes under its use, and the skin and conjunctiva may acquire a jaundiced hue, as occurred in two of his cases, but the discoloration soon passed off. He gave it in pill with extract of gentian; but it may also be given in solution, as it is perfectly soluble in water; and the liquor strychniæ may then be combined with it. Its intensely bitter taste is, however, an objection to its use in solution. Combined with a quarter of a grain of extract of nux vomica, its efficacy seemed to be much increased.—*Indian Medical Gazette*.

---

***Antifebrile Action of Salicylic Acid.***

Herr Senator read before the Chemical Society, a paper on the above subject, giving an account of numerous trials which he had made in consequence of the recommendation published by Furbringer and Buss, of the employment of salicylic acid as a means of abating temperature in

fevers. He has especially tried it in the hectic of phthisis, having made fifty observations in ten cases. He found that under its use the temperature was undoubtedly diminished, but not so certainly as under the influence of quinia. In some of the cases its influence was quite surprising, while in others it was doubtful or not recognizable. He thinks that these negative results may be due to his having begun with too small doses, or to the mode of administration. The effect was much more marked in intermittent fever. In five out of ten cases of this, the cure was complete after once or twice employing the medicine. The other five, being dispensary patients, did not reappear. The dose was from one to two grammes, either given altogether or in separate doses shortly before the paroxysm; correspondingly smaller doses being given to children. At first it was given as a powder, but later in warm water and glycerine, viz., two parts of acid to 200 of boiling water, and sufficient glycerine to effect the solution. The mixture was warmed each time before it was taken. A good deal of discussion ensued upon the mode of administration, most speakers considering the forms of powder or emulsion undesirable, while the quantity of water required, on account of the great insolubility of the acid, was also objectionable. Glycerine was generally recommended, and it was stated that fifty parts of this and fifty of water constituted a vehicle that held the acid in permanent solution.—*Lancet*.

---

#### *Quinine not the Remedy.*

Now, at the time when the wards were filled with intermittent fever, a patient was admitted with symptoms of tertian ague. As was natural when so many cases of the same form of disease were in the house, this did not excite any special attention, and the man was ordered quinine in the usual doses. But the disease did not yield to the specific; on the contrary, the paroxysms became more severe, and the type of the fever changed to quotidian. I then became alarmed. I stopped the use of bark, and proceeded to make a careful examination of the patient. No signs of disease were found in the chest or belly, but it happened that in throwing off the bed-clothes for the purpose of examining the lower part of the abdomen I accidentally exposed the lower extremities. The thigh and leg at one side proved to be greatly enlarged. The whole extremity was white and elastic, and the saphena vein in a cordy state. Now, this man had never complained of any local pain or uneasiness, and was as much surprised as I was at the state of his limb. He was treated by leeching and the use of calomel and opium, and speedily recovered. He had no paroxysm of the fever after the change of treatment.

I have hardly a doubt that this patient's life would have been lost but for the circumstance that we omitted the quinine in time. Not that I wish you to suppose that the swollen leg after fever is itself a very dangerous disease; for we have no reason to think it more so than ordinary phlegmasia dolens; but I believe that the persistence in the use of bark in cases of *simulative* ague is fraught with danger. Indeed, there is here a double danger, for we thus not only neglect but exasperate the acute disease.—*The Medical News and Library*.

*Tapping and Draining the Pleura.* By BERKELEY HILL.

This patient, with fistula in the thorax and abscess in the right pectoral muscle, caused by the escape of pus from an empyema, affords me an opportunity of briefly reciting to you the leading points connected with thoracentesis.

The effusion may be merely dropsical fluid from neighboring organic diseases, inflammatory serous exudation, or pus. To remove these collections thoracentesis may be needed in three groups of cases. (1) In very copious effusions death is threatened by gradual suffocation, but it more frequently takes place suddenly by syncope—a contingency you should never forget. (2) When the effusion compresses one lung, and seriously impedes the motion of the heart. (3) When there is hectic or pus it is necessary to open a free drain from the lower part of the cavity in order to gradually close it.

In chronic pleurisy absorption is very slow. Meanwhile the lung is squeezed against the spine, and in time its tissue becomes so much altered that it can not expand again, or fibrous adhesions grow strong enough to bind down the lung permanently. Such bands also, though less frequently, fasten the pericardium in an unnatural position, by which the action of the heart is hindered. The pleura itself, by long continued inflammation, becomes very thick. At the post-mortem of a child we found the pleura to be one-eighth of an inch thick, making a leathery unyielding cover, fixing the lung to the spine. In this condition, though we had no difficulty in draining the pleura, the lung could not expand to fill up the cavity. In consequence, the skeleton of the child continued to collapse and twist till this extraordinary deformity was produced. Serous effusions after a time are apt to become purulent; in this state they are still less rapidly got rid of than serum. Pus, too, frequently excites hectic or septic fever, and, by ultimately perforating the pleura, may penetrate to a bronchus or to the surface of the chest, and thus form bronchial or thoracic fistulæ. Spontaneous cure by this means is possible, but, through the indirect course of the fistula, it is tedious.

Formerly a long list of objections was put forward against this operation. Most of them are abandoned; but for the rest a few words of notice may be introduced. Let us take, first, the possibility of wrong diagnosis. Doubtless this can not always be avoided. But in any case a fine canula and exhausting syringe may be plunged into the chest without the slightest apprehension. Dr. Ringer uses the ordinary subcutaneous injection syringe. This may be inserted in several places if the fluid be not hit upon by the first puncture. Such small wounds of a solid tumor or of the lung itself give no trouble. Bowditch says he has never seen harm ensue even when blood has been drawn out through the ordinary canula. The risk of wounding the intercostal vessels is a bugbear only to the theorist; in practice it does not occur. I do not know that a single case has been recorded, nor has Bowditch met with an instance in two hundred and fifty cases. It is alleged that to tap while fever is present increases the inflammation. But not necessarily. Dr. Ringer's observations show that the temperature in several cases did not rise after tapping,

while, when hectic is present, as with our patient of to-day, the temperature rapidly falls after the pus has been withdrawn. Indeed, you may be convinced, that, no matter what other affections coexist, you will not increase, but lessen, the patient's sufferings, and help him to recover by drawing away the fluid that harasses him. Be quite satisfied on this point. That fresh fluid is often effused into the pleura after tapping is no real objection. It can be tapped again as often as it collects in any considerable quantity; nor is the absorption of consecutive effusions impeded by withdrawing the first. Indeed, contrary to what was once alleged, repeated puncture is more likely to prevent the conversion of serum into pus than to hasten it. Meanwhile the lung and heart, being frequently relieved from pressure, are less liable to be permanently fastened down in an unnatural position. The entry of air is an objection which has some weight, though it is greatly overestimated. Air has got into the pleura again and again without any mischievous results; but as it is easy to keep air out, that should be always done when the fluid is serous. Whether there is any advantage in closing the wound after evacuating pus is not yet clear; certainly the remainder or any subsequently secreted pus is rarely absorbed spontaneously when the wound is closed. According to my experience, the cavity shrinks and the lung expands only when constant drainage is maintained; thus time is saved by beginning to drain at once. But I must not omit to state that in some of Dr. Ringer's cases the pus gradually ceases to form after simple repeated aspirations; so that perhaps the following rule is the best to lay down for practice. You may simply tap all effusions the first time unless you have already parietal abscess, hectic, or putrid pus; but on the second tapping, drain the purulent effusions; serous effusions may be simply tapped as often as any considerable bulk of fluid collects.—*Lancet*.

---

### ***Migraine, Chorea, and Rheumatism.***

Dr. Hughlings Jackson has been struck by the intimate relation there seems to be between chorea, migraine, and rheumatism—a relation which he believes was pointed out by the late Dr. Anstie. It is seen in several ways. Patients who have chorea are found to be subject to severe paroxysmal headache, not often, however, preceded by ocular spectra. In several recent cases of unusually severe migraine, Dr. Hughlings Jackson has found that the families of the sufferers have been subject to rheumatic fever. In patients recently admitted into the London Hospital for rheumatic fever a fair proportion have been subject to headache, but the facts gathered from the few patients as yet interrogated are vague and inconclusive.—*Lancet*.

---

### ***Influence of Chloroform on Ferments.***

Some important observations have recently been made by M. Muntz on the effect on various ferments of the addition to them of chloroform. He finds that its effect is very different on the two classes of ferments which have been distinguished by Dumas as chemical and physiological ferments. On the former, which consists of a nitrogenized but unorganized mate-

rial, it has no effect; on the latter, those in which the fermentation is the concomitant, if not the result, of a process of growth in vital organisms, chloroform has the effect of arresting the fermentation at once. Milk, to which a small quantity of chloroform has been added, remained for four months without becoming curdled, and no organism appeared in it; fresh urine, under the same conditions, remained for two months at a temperature of 25° to 30° C. without undergoing ammoniacal fermentation or yielding organisms; the result was the same with flesh, gelatine, and starch. The alcoholic fermentation of sugar in contact with yeast was completely arrested by the presence of chloroform. On the other hand, chloroform had no appreciable effect on the quantity of glucose developed in malt in a given space of time and at a certain temperature.—*Lancet*.

---

#### ***Preservation of Food by Compressed Air.***

Prof. Paul Bert communicated to the Académie des Sciences some of the results of the experiments which he has long been engaged in conducting with compressed air. Specimens of meat submitted to a compression of forty-four atmospheres were found at the end of three weeks to be in a state of perfect preservation. Outlets were declared to be in as good a condition as when quite recent, a little more tasteless perhaps. Eggs which have been beaten up and exposed to the compression on May 28th were found to be on June 28th as fresh as at first, while others beaten up at the same time and left in open vessels were frightfully stinking. Oxygen, then, at this strong tension either kills vibriones or at least prevents their development in organic matters. Fruits, as strawberries, cherries, etc., comport themselves in like manner, as also does moistened bread. The coagulation of milk is not prevented by compression, being only retarded. It thus seems that in oxygen of high tension we possess an agent for the preservation of animal and vegetable substances, which may prove of utility in scientific investigation, and perhaps even in commercial pursuits.—*Medical Times and Gazette*.

---

#### ***Treatment of Wounds and Surgical Dressings.***

Prof. Spence remarks, in his recent Address in Surgery, that "the truly philosophical views of the adhesive process, taught by John Hunter, gradually led to clearer notions as to the requirements of wounds, and the principles on which their treatment should be conducted; and no where were these views more fully and intelligently carried out in practice than in this city [Edinburgh], mainly through the influence of the writings of John Bell, and subsequently by the treatises of Liston and Syme on the treatment of incised wounds. The principles laid down were simple; thorough cleansing of the cut surfaces, waiting until all oozing had ceased and the surfaces glazed with lymph, before uniting them finally by sutures; cold applied for some hours to moderate excited action, then light dry dressing, and no interference with the wound except what was required to keep it clean. But, at the same time, great attention was paid to the general state of the patient. The results obtained were excellent, and,

until recently, this has been the system in use here. But simplicity has sources of failure, for it is apt to lead to carelessness in dressing. We are again in a transition state in regard to the treatment of wounds. The antiseptic method (as it is termed) of my esteemed colleague, Prof. Lister, is being pressed in some quarters to the exclusion of conditions which I think at least equally, if not more, important in the treatment of wounds and operations. This is not the place, nor is there time, to discuss the theory as to production of putrescence by germs from without, or whether that condition may not also arise from within owing to certain states of the blood and general system; nor yet as to the comparative value of the different antiseptics at present contending for pre-eminence. But some of the statements advanced in favor of the antiseptic system so ignore the success obtained by simple dressing and treatment of wounds, or assert such an amount of infallibility as to the curative powers of the special method, as to require notice. When I read statements to the effect, 'that the antiseptic method is to be regarded as one of the most important contributions to modern practice, inasmuch as it makes wounds heal by first intention, instead of going through the painful process of granulation and suppuration,' I can only regard such statements as arising from want of experience in, or misrepresentation of, the simple method of treating wounds; for, assuredly healing by granulation is neither the object nor yet the general result of that treatment. Suppuration, I believe, is not unknown under the antiseptic method, whilst the average duration of treatment is certainly not lessened. But when I find a German professor and hospital surgeon stating that, after a year and a half's experience of the antiseptic treatment, he is able to guarantee with certainty a perfectly successful result to his operations, such assertion challenges closer examination, demands proof, and forces me to ask the question, How far, apart from other conditions, do different modes of dressing stand in the relation of cause to successful results? The answer to this important question must rest on sufficient data and carefully weighed statistics. It will not suffice to point to some brilliant results in individual cases, because all methods of treatment can produce that kind of proof; nor will it do to state that no deaths from pyæmia have occurred under the system. At one time that term was never met with in the bills of mortality, and it is rapidly disappearing now. The statistics for proof must indicate the nature of the disease or injury for which the operation was performed, and the cause of death in fatal cases (for deaths still occur), not by a conventional term, but by giving the symptoms during life, and the organic lesions found after death.

"With extensive statistics of this kind, we would be better able to judge of the comparative advantages of different systems of treatment. At present all is assertion or reference to special cases, or to the not very definite statistics of foreign hospitals, and it is not a little curious that we hear most of the success from abroad. I think sufficient time and scope have been given to the antiseptic system in this country to enable those who use it to furnish statistics such as I have indicated, and thus to enable us to judge more dispassionately of its real merit. In comparing of late the results of my own hospital practice, I have been struck with the suc-

cess which attended very simple treatment, and this leads me to question our progress in departing from such treatment for more complicated methods. Thus I find that, during a period of three years, out of sixty-three major amputations for disease, there were only three deaths, and of twenty-three cases of exsion of joints, only two deaths, at a time when the treatment consisted in thoroughly cleansing the cut surface by pouring tepid water over it, and occasionally applying tincture of iodine alone, or diluted, on the flaps; whilst the dressing consisted merely in laying a veil of lint or thin muslin over the stump. Again, when preparing statistics of my amputations for my published lectures, I found evidence that certain conditions, such as the nature of the disease or injury necessitating the operation, had most important influence on the result; such influence, indeed, as I could not have supposed until the statistics brought it distinctly before me, and my latter statistics corroborate my former; so that I can not accept the statement that any method of dressing, however good, will ever enable us to guarantee success. Whilst I speak of the antiseptic system, meaning the special method, I need hardly say that all surgeons have for their object the avoidance of putrescence, though their views may differ as to the best way of attaining their object.

"I can not close without recommending to notice the advantages obtained in treating lacerated wounds and burns of the extremities by continuous immersion in the tepid bath. The avoidance of all meddling with the injured part, and of the agony of the patient caused by changing dressings, is thereby so completely attained, that the method requires only to be fairly tried to show its advantages. In the case of burns these advantages are most conspicuous, for the constant moisture keeps the cicatricial tissue pliable, and motion of the parts can be effected gradually, whilst the limb is immersed in the bath. The water may be rendered antiseptic by carbolic or boracic acid, should that be considered desirable."

—*British Medical Journal*.

---

### *Pneumonia.*

Dr. Thomas Barr, in an interesting article on this disease, based on sixty-four cases in private practice, gives the following as the treatment he adopted:

1st. I have never employed general blood-letting, and, with the exception of the man who died from gangrene of the lung, I have never used even leeches. I think few of my readers will consider that in my cases of death the fatal result would have been prevented by depletion.

2d. I have in a few employed antimony in what might be called antiphlogistic doses. I generally used it for its expectorant and diaphoretic effects, and have very rarely used it at all with children under five years of age. I very often find patients suffering from the disease, with an irritable stomach, perspiring skin, and soft pulse. In strong adults, with very acute symptoms, and none of these contraindicating signs, I have used it in full doses with great advantage.

3d. Mercury. I have not used this medicine at all, unless as a simple aperient.

4th. Opium. I think I have seen more good done by this drug than by any other single remedy. It gave comfort to the patient, relieving pain and allaying cough.

5th. Diaphoretics and expectorants have been given with advantage. These classes of remedies also include small doses of opium and tartar emetic.

6th. External applications. At early stages I have found most comfort from poultices of linseed meal and mustard, frequently repeated; while blisters were reserved for the more chronic stages, when the condensation of lung seemed to linger longer than usual.

With respect to the treatment of the children in whom the most of my fatal cases occurred, with the belief which I entertain of the real cause of danger, I have only adopted the restorative treatment. I have altogether eschewed bleeding, antimony, mercury. I have, of course, carefully confined the patient to a well-ventilated apartment (he requires all obtainable oxygen), with a comfortably warm temperature, given liquid diet, milk being the staple. If an infant at the breast, I limited its supply of breast-milk, and rather relieved its thirst by administration of cold barley-water; in the way of medicine, giving a diaphoretic mixture, small doses of ipecac. wine, sweet spirits of nitre, tincture of hyoscyamus, and solution of acetate of ammonia. Good has been done by allowing boiling water to evaporate near patient. Repeated linseed-meal and mustard poultices to back and front of chest have often done great good. As night approaches, the little patient often becomes very restless, annoyed by a constant hacking cough. Then I have often found the greatest benefit from a dose of Dover's powder, preferring to give one single full dose at night to small ones frequently repeated. Of course, if the case is complicated, with pent-up secretions in the air-tubes, I have avoided the Dover's powder. When the child is feeble, great benefit is derived from liniments to the chest, while beef-tea and brandy were often absolutely necessary to uphold strength till the patient passed through the crisis of the disease.

He states that "when one reads the statistics of hospital writers respecting this disease which have of late years been published, it requires not a little courage for a private practitioner to announce that he has had a mortality of one in six. But, supposing I selected my cases, and gave those only between the ages of six and fifty years, the ratio of deaths would be one in twenty-one, while of the forty-two cases between five and sixty-two, only two deaths took place."—*Glasgow Medical Journal*.

### *Physiological and Therapeutic Action of Nitrite of Amyl.*

Samelsohn protests against the prevailing idea that our knowledge of the physiological action of amyl-nitrite is sufficiently complete to serve as a basis for its remedial use. We do not understand the exact mechanism of the vascular dilatation caused by it, and we are equally ignorant of its extent and distribution. Our ignorance on those points should make us cautious.

Sander has recorded cases in which sudden collapse followed closely

upon its administration. Samelsohn furnishes a detailed account of a similar instance. The patient, a somewhat anæmic young woman, suffering from symmetrical blepharospasmus, was being exhibited before the Medical Society of Cologne. It was suggested that the effect of nitrite of amyl upon the spasmodic closure of the eyelids should be tested. A narrow-necked phial, containing about fifteen grammes (225 grains), was held under one nostril, and the patient directed to take several deep inspirations. As soon as the usual change in the pulse occurred, the phial was withdrawn. The face, previously pale, was now suffused with a crimson flush, and the eyes opened widely. In an instant, however, the flush was replaced by a deadly pallor; the pulse became thread-like and slow, the skin cold and clammy, respiration difficult and gasping; consciousness was retained. These alarming symptoms passed off, but only to recur again and again; a full hour elapsed before the patient could be said to be out of danger. Even after the pulse and breathing had become normal, she still complained of feeling very cold; and this sensation lasted till the next day. The blepharospasmus disappeared for thirty-six hours, at the end of which time it returned. To what ought these symptoms be attributed? The sample of the drug was perfectly pure, and was repeatedly inhaled by other patients without producing any unusual effect. The dose was measured by its effect upon the pulse, and there was no reason to suspect that it was excessive. Sander ascribed the collapse which occurred in some of his cases to be a contraction of the vessels of the pia mater, immediately consequent upon their undue dilatation, and causing cerebral anæmia. But on this hypothesis convulsive symptoms might have been expected to occur, and none such were noticed. Samelsohn prefers to explain the phenomena otherwise. As a general rule, the vascular tension is quickly restored after its depression by amyl-nitrite. In anæmic persons, however, we may suppose that the muscular walls of the vessels react less promptly, and that the elasticity of the arterial coats is impaired. Now it is well known that a sudden accumulation of blood in any part of the vascular area diminishes the supply of that fluid to the heart, placing it in the position of a pump with too little water to fill it, and thus embarrassing its action. Moreover, the girl was menstruating at the time, and her pelvic viscera were loaded with blood. That this was one of the factors concerned is rendered likely by the circumstance, that she subsequently inhaled the nitrite vapor more than once without any return of the symptoms which caused so much alarm on the first occasion.—*Berliner Klinische Wochenschrift*.

---

### *Glycogenic Function of the Liver.*

Prof. Lussana, of Padua, asserts that glycogen is not a physiological product of the liver; that there is, as he expresses it, "no hepatic function of glycogenesis." This statement is made on the strength of a series of experiments extending over the last five years, in all of which the liver was examined immediately after death. Various animals—pigeons, fowls, frogs, rabbits and dogs—were used. A large porcelain basin was kept ready full of boiling water, and the instant the abdomen was opened the

vessels and ligaments were rapidly divided, and the liver removed and thrown into it. In the still boiling liquid the liver was cut up into very small pieces, this procedure lasting an hour, and then all was allowed to cool. The residue was then strained, and if necessary, repeatedly filtered, until the filtrate was absolutely colorless and transparent, and free from all albuminoid substances. In not a single experiment conducted in this way could Lussana detect the faintest trace of glycogen; on the other hand, this substance was always found in varying amount in livers which were not examined until some little time after the death of the animal, the quantity being proportional to the length of the interval which elapsed before examination.—*Centralblatt.*

### *Affection of the Eye in Bright's Disease.*

Dr. Meighan demonstrated to the Glasgow Pathological and Clinical Society with the ophthalmoscope, a case of disease of the retina in a woman aged 22, with albuminuria. She had first come under his notice at the Eye Infirmary in December last, complaining of dimness of vision of six week' duration. She could then read No. 19 with the right eye and No. 20 with the left (Jager). The papillæ were then found congested, and not defined at their margins; the arteries were diminished in number and calibre, and some of them accompanied by white streaks; the veins were dilated and tortuous, and the vessels covered at parts by a whitish infiltration. In the neighborhood of the macula lutea a large yellowish-white granular patch was seen, with shining spots interspersed; numerous white spots were seen elsewhere in the fundus, and also some hemorrhagic spots. The eyes were hypermetropic. The urine was found to be albuminous, specific gravity 1010; and the sediment contained granular casts. There was no dropsy, but there had been headache and vomiting. The heart was hypertrophied. She improved so that she could read No. 16 and No. 12; but on February 22d, intense headache, with slight delirium and vomiting, supervened, and next day she could not distinguish light from darkness. There was then circumorbital œdema, with œdema and congestion of the conjunctivæ, and dilated pupils. Ophthalmoscopic examination showed œdema of the retina, the refraction being thus rendered highly hypermetropic; and a large white mound encircled the disk, and at the circumference a few hemorrhagic spots were found. The urine had become diminished before this attack, and the breath seemed to have an urinous odor. The œdema of the retina subsided, the urine increased, and the vision improved, so that on April 8th she could read No. 6 with the right and No. 4 with the left. When she was shown to the Society, the œdema had disappeared, but the white spots had extended and coalesced, forming large patches; the hemorrhagic spots had become absorbed. The urine was still albuminous; measured during the previous week, it had averaged 36 ounces, and the specific gravity was rather low. There was no dropsy. The cardiac hypertrophy affected chiefly the left ventricle. Dr. Meighan regarded the case as of interest, in showing a well marked lesion of the retina in Bright's disease apart from dropsy. There was fatty degeneration of the cellular tissue of the retina, as well as sclerosis of the nerve-fibres and blood-vessels. The sudden loss of vision.

associated with something like uræmic poisoning and œdema of the retina, had come on with a diminished secretion of urine; and the sight improved as the urine became more abundant.—*British Medical Journal.*

---

***Composition of Pus, and Mode of Formation of Leucocytes of Pus.***

In a memoir recently presented to the Academy of Sciences, M. Bergeret, of St. Leger, gives the results of a long series of investigations he has undertaken in regard to the composition of pus, and the mode in which the leucocytes it contains are formed. He finds that every collection of pus, whatever may be its origin, contains pyocytes in three stages of development. 1. Young leucocytes not more than twenty-four hours old. These contain mobile corpuscles of various sizes and forms—globular, linear, cylindrical, in chaplets, or dumb-bell-shaped, or hemispherical, and conceal the nuclei. The pus-corpuscles are highly hygro-metric, and, when immersed in water, swell till they burst, discharging their granular contents and nuclei into the surrounding medium. 2. Young leucocytes from twenty-four hours to four days old. The nuclei of these are very apparent; a portion of their contents is still mobile, the remainder is attached to the nuclei and renders them granular. These leucocytes are smaller than the former, and irregular in form, in consequence of the envelope having contracted adhesions to the nuclei. They are less hygro-metric, but still swell in water usually more or less irregularly; and the granules they contain, at first quiescent, soon begin to move, and escape when the envelope bursts. 3. Old leucocytes, the age of which is more than four days. These are small and crenulated, have lost their hygro-metric properties, and their granules are no longer capable of reacquiring movements after imbibition of water.

In addition to the leucocytes, pus is also composed of serum, and in the serum float numerous mobile granulations of the same form as those contained in the interior of the leucocytes; their movements are, however, much more free, and whilst some may be observed merely to oscillate, others traverse the field of the microscope with more or less rapidity and in every direction. These granulations also, like those in the pus, only remain lively for about four days. After this they group themselves together, and form the small amorphous granular masses which are always met with in collections of pus, but especially in chronic abscesses.

M. Bergeret explains the formation of pus in a blister by pointing out that on the under surface of the detached epithelium there is a layer of amorphous mucus, which constitutes a pyogenic medium. He is opposed to Virchow's views.—*Lancet.*

---

***Contribution to the Pathology of the Ovary.***

Dr. J. Foulis read a paper on this subject before the Obstetrical Society at Edinburgh, May 12th, 1875. The author gave a short statement of the views of Waldeyer on the development of the Graafian follicles and cells of the membrana granulosa, in which he laid stress on the fact that, whereas Waldeyer's investigations showed that both the cells of the

membrana granulosa and eggs were derived from the germ epithelium on the surface of the ovary, his own investigations appeared to show that the eggs alone were derived from the germ epithelium, and the cells of the membrana granulosa were derived from connective tissue corpuscles of the stroma of the ovary. Having this fact as a basis for investigating the origin of cystic tumors of the ovary, Dr. Foulis stated that, as a result of numerous observations on the origin of cysts in the diseased ovary, he was able to demonstrate that, though many of the cysts of an ordinary cystic tumor of the ovary were simply over-distended Graafian follicles, in the walls separating these there was a growth of new cysts unconnected, which might go on to an unlimited extent, and that the epithelium of these was produced from connective tissue corpuscles. He then drew attention to the very interesting fact that, in addition to the production of the epithelium of the cysts, the connective tissue corpuscle of the stroma, by general and excessive proliferation, might give rise to sarcomatous growths in the ovary; and that, through the escape of epithelial elements from the diseased stroma and cysts into the peritoneal cavity, secondary sarcomatous growths might arise on the peritoneum, which, by constant irritation, resulting in the pouring out of ascitic fluid, ultimately exhausted the patient. Dr. Foulis showed drawings of the little masses of sprouting cells which he had discovered in ascitic fluids surrounding ovarian tumors, and by the presence of which he had diagnosed malignant ovarian tumor and peritonitis in two cases whose histories had already been given to the Society; and he now gave short notes of three additional cases in which he had discovered the same little masses of sprouting cells in ascitic fluid, and in two of these cases a *post-mortem* examination verified the diagnosis made during life, viz., malignant ovarian tumor and peritonitis. The third case was that of a woman still alive, and in the ascitic fluid present an enormous quantity of the little masses of the sprouting cells were found. He then laid great stress upon the importance of a careful examination of ascitic fluids in cases where ascites complicated ovarian disease, and pointed out how rarely it was possible to get fluid by tapping from malignant tumors themselves, which were generally semi-solid. He ended by saying that it remained for future observation to settle the question whether little masses of sprouting cells are ever found in ascitic fluids surrounding other malignant tumors of the omentum, peritoneum, etc., structures in which fibrous connective tissue exists in quantity.—*British Medical Journal*.

---

#### ***Secondary Perineal Traumatism.* By MONETTE.**

The perineum of a woman in labor was sustained during expulsion of head, but gave way on emergence of the latter. Rupture was complete to rectum, but did not involve sphincter. The accoucheur then first learned that his patient had suffered a similar accident at her first and prior delivery; the parts having then united by granulation, without the aid of sutures. A similar result occurred in ten days after this delivery, the two cicatrices forming a dense vaginal union.

The reporter infers that union by granulation is possible in all cases, when there is not protracted lochial discharge.—*Am. Practitioner*.

**Treatment of Acute Articular Rheumatism with Starch Bandage.** By FRANZ RIEGEL.

In 1845, Seutin and Gottschalk recommended the use of starch bandages for the treatment of acute articular rheumatism; the method, however, gaining but little credit with the profession, was soon forgotten. In 1871, Heubner revived the treatment, which he claimed had the advantages of lessening the pain, diminishing the fever and shortening the duration of the disease. The same good result was obtained in Wunderlich's clinic (Leipzig) where 45 cases had been submitted to the test of the starch bandage. Riegel tried a similar plan of treatment in the hospital of Cologne in a series of 41 cases of acute articular rheumatism. For the immobility of the affected joints, he used paste-board splints and sheet cotton; these materials making the simplest and cheapest bandage of the sort in question. The joint was wrapped in a thick layer of cotton; two splints previously softened in warm water, so as to be moulded by the form of the limb, were applied to each joint and secured in their places by a few turns of a roller bandage. There was no difficulty in getting complete immobility of the wrist, elbow, ankle and knee; but the shoulder and hip could not well be made quite immovable, and as a matter of course, the incomplete method of treatment yielded but an incomplete success in those joints. In order to have a fairer test, all internal medication was omitted in these cases. As to the results Riegel fully endorsed the assertion of others that the bandage quickly relieved the patient of all pain. "It is scarcely possible," he says, "to describe with words the wonderful change which takes place with the patient after the proper application of the bandage. The same patient who a minute ago screamed from pain and would not dare to move his limb, now allows the bandaged limb to be moved to and fro. And often the patients refuse to have the bandage taken off, for fear lest the pain will return." The bandage should not be removed until the soreness has left the joint for several days and the temperature has returned to the normal standard. The average time of retention of the bandage was six or seven days; the shortest was two days, and the longest a fortnight. In regard to the temperature, fever, and the duration of the disease, the beneficial influence of the bandage was confirmed by R., though he considered it as consequential; when the joints were placed under favorable conditions they at once began to improve, and as a simple consequence upon the decrease of local inflammation the febrile excitement abated and the whole course of the malady was curtailed. Among the 41 cases, there being seven which were complicated by endo- or pericarditis, R. concluded that the treatment by immovable bandages does not prevent these complications.—*Arch. f. Klin. Med.; Allg. Med. Centralz.*

---

**Antiarthritic Paper.**

Take of lard 784 parts, yellow wax 142, spermaceti 94, ethereal extract of mezereon bark 10. M. S. A. Dip leaves of unsized paper in this, and allow them to dry. To use, warm and apply over the painful parts.

## EDITORIAL.

*The New Year.*

This number of the Journal will probably reach its readers during the holidays, and we want it to carry to each—in so far as a medical journal can—the song of the angels eighteen hundred and seventy-six years ago, “peace on earth and good will toward men,” and our best wishes for a happy and prosperous New Year. This is a somewhat stereotyped greeting, for we have repeated it for a dozen years, and yet we would feel lost if some one did not greet us in this way on the first day of the year, and if we could not make a hearty return to every one with whom we are brought in contact. Give us the “Christmas spirit,” whatever else may be lacking.

Do you recollect the paragraph in our first issue of 1875, calling attention to the mission of the physician, as shown in the passage, “Peace on earth and good will toward men.” Let me recall it here.

“‘Peace and good will toward man,’ should be the motto of the physician all the days of his life. Our business is to bring physical ‘peace’ to bodies troubled with disease, and our every act should have this object clearly in view. The old practice was a constant war against disease, as if it were an entity, and capable of making a sturdy fight. The new dispensation in medicine recognizes the wrong of the life—the troubled life—and seeks to bring it peace and rest.”

If the words carried conviction to one-tenth of our readers, or if they served but to stimulate thought on the subject, the labor of the year will have been well repaid.

Our readers will notice that from the beginning we have made a steady fight against the old and barbarous medical practice of the past. Not only the old and barbarous *Old School* practice, but especially the old and barbarous in Eclectic practice. It is not worth while to ignore the fact that we have had an unpleasant practice, that our medicines have been nauseous, and their action harsh and unkind, and that many times the results were not such as could have been wished. It was a better practice than the older bloodletting, mercury, antimony and blister, but it lacked a very great deal of being good.

“Medicines offensive to sight, and nauseous to taste, and unpleasant in their every action upon the economy. Think of nauseants, continued cathartics, and the multitude of compounds intended for skin and kidneys; the continued drenching with quinine, and the nervous suffering following; of counter-irritation, mild and severe; recall it all, and imagine yourself the sick one, and see if the thoughts are pleasant.”

Lord love you, you old follower of Samuel Thomson, of Beach and Morrow, who still stick to the old routine, how I would like to practice on you for a few days. What a lesson I would teach you. I would warm you up with half-grain doses of Podophyllin every three hours, seasoned with a nauseant of Lobelia and Sanguinaria, washed down with teas of *Asclepias*, Composition or Boneset, with an interjection of vegetable diuretics and Sweet Spirits Nitre, a seasoning of Quinine until every

nerve was in a state of tension, and whenever you would complain apply a blister. My conscience would not permit me to do it to the ordinary sick man, but I am wicked enough to do it to you.

You do not take your own medicine? That is fortunate for you, but it would be much better for your patients if you were obliged to go through an old-fashioned course; you would then recollect the golden rule—"Whatsoever ye would that men should do unto you, do ye even so unto them."

But I am inclined to believe that the mass of our readers see this matter as clearly as I do, and that they are working steadily towards a rational practice of medicine—pleasant remedies, kindly in their action, directly opposed to disease.

I conclude that we can all see clearly the objects we may have in view in giving medicine: To relieve suffering and unpleasantness, to shorten the duration of disease, and to save life. The first is one of the important and laudable objects of medicine. Disease brings suffering, and there are very few who like to endure it. If the physician can lessen this, or remove it, he is doing the sick a real service. But recollect, he is not doing well, if he adds to the unpleasantness of disease nauseous medicines, and unpleasant influences from them. In so far as disease can be shortened, the physician is doing well; if a disease would run a course of three weeks, and it can be terminated in one, the patient and friends will feel that they have good service. The saving of life is the last object, and as a large majority will get well without medicine, it is the least important object.

Let me say in conclusion, that I *know* that the small doses of pleasant medicines are far more effectual than the old large ones, in relieving suffering, shortening the duration of disease, and saving life. I know it by the experience of years, and by the testimony of hundreds who have thoroughly tested it. Let us then make the practice of medicine—"peace to the troubled life," and in its every part "good-will to man."

---

### *The Practice of Medicine Requires Right Thinking.*

It is singular how crooked physicians think, or as it sometimes seems, how they do not think. They think from premises wholly foreign to the case in hand, or they reach conclusions that have not the slightest relation to the facts before them; and the result is a practice that is both absurd and injurious. The reader may think this statement a little broad, or wholly without foundation; let us have some very simple examples and see.

We divide fevers into two great classes—periodic and continued. The one marked by distinct exacerbations and remissions or intermissions, and the other by the absence of these and the regular progress of the hot stage. The condition *periodic* suggests the employment of *anti-periodics*—Quinine—and the action of the mind is logical. Why? Because the experience of the medical profession is that Quinine is the remedy for periodicity. The further conclusions that the remedy must be given in the anti-periodic dose (grs. x. to grs. xv.), and that it must be in such

form as to gain entrance to the blood, during the remission or intermission, are right reasoning.

But the conclusion that because Quinine will arrest some cases of fever, it should be given in all is wrong reasoning. No such conclusion can be reached from the facts before us, for all physicians testify that there are fevers that are not favorably influenced by Quinine. The testimony of all careful observers is, that Quinine has never cured a case of continued fever, and that in the large anti-periodic dose it is certain to do more or less harm. Notwithstanding, then, that the indication for Quinine—periodicity—is absent, and the testimony of good observers prove clearly that it has no beneficial action in such cases, physicians will persist in using it to the serious detriment of the patient. I find Professors in medical colleges, and teachers in hospitals, advising and prescribing Quinine in large doses, when there is no possibility of its doing good, and a certainty that it will do harm.

Now let us think of continued fever. The testimony of all *regular* authorities is, that it runs a definite course and *never* terminates before the twenty-first day. It is further in evidence by the very best men of the profession, that without medicine, and with simple good nursing and food, the mortality is very small (but one to five per cent.), and these statements are supported by the statistics of many thousand cases. Now would not right reasoning tell the physician to let medicine alone, and carefully nurse and feed his patients? Yet he will give medicine, entailing additional suffering, and increasing the death-rate.

Though the testimony is positive that the disease must run twenty-one days or longer, and he professes to believe it, yet he administers his medicine every day with the seeming expectation that he will arrest the fever that day. Though the evidence is positive that cathartics never cured a case of continued fever, and that constipation is the natural condition during it, he will persist in giving cathartics and having the bowels moved one or more times every day. Though the testimony is positive that this man or woman requires food to carry him or her safely through this period, he will persist in giving unpleasant medicines and keeping the stomach and intestinal canal in a state of turmoil. Though it is utterly impossible to get full secretion from skin and kidneys during the progress of the fever, he will persist in giving diaphoretics and diuretics. And though it is in evidence that Quinine never has, and will not stop the fever in this case, he persists in giving large quantities every day.

If it was something else than the practice of medicine, we would say that this was a fair illustration of "original sin." Surely no one can say that the doctors described above use right reason, or even that they are controlled by right emotions. I think the Western term, "pure cussedness," expresses the condition of the mind exactly.

Now let us find the cause of this wrong reasoning, for there must be a cause, and in order to find it, I will make a simple proposition. The process of reasoning is one of simple comparison. We compare all new impressions through our senses with what we already know; the result of this comparison will be right in proportion as our previous knowledge was accurate, and the present impressions through our senses are well

defined and accurate. The comparison is with what I know; if I simply accept some other person's statement of fact for knowledge, my basis of comparison may be wrong, and my conclusions will also be wrong. The physician accepts numerous theories as fact, and compares his observations with these theories; the result is the unpleasant practice we have noted.

It is every man's duty to know for himself. If I make a statement, compare it with what you *know* through and of your senses; and further, observe disease until you know of yourself whether it is true or false. If you have proven its truth, it then becomes a right standard of comparison. This is the only method that will give true results, and is the one I advise my readers to put in practice.

### *The Homœopathic (Fatal) Case of Spinal Meningitis.*

I think the majority of our readers have learned by this time that we think more of curing our own faults, than pointing out the faults of others. This Journal is not at war with other schools of medicine so much that it can not see the errors of its own school and work for their removal. The case reported, in all its errors, has doubtless been repeated scores or hundreds of times by Eclectic physicians, and it is to point out the danger that I republish it and others.

Prof. Hale has written me a note excusing himself from responsibility for the most flagrant error in treatment, and I am most glad to learn that he did not prescribe or consent to the administration of the Elixir of Opium; it seemed to me hardly credible, when I read the article, that he could have prescribed it. Dr. Hale says:

CHICAGO, Dec. 4th, 1875.

J. M. SOUDDER, M. D.—*Dear Sir*:—I have to ask of you that in justice to me you state the facts, in relation to the giving of McMunn's Elixir Opii, to the case you reported. I did not mention the fact, in my report of the case, that *I did not prescribe the Elixir*. It was given by a nurse, at the suggestion of the husband. I should not have advised it, for I know as well as you that Opium is contra-indicated in such a case. Please make this correction and oblige. Yours truly,

E. M. HALE, M. D.

Now, let me repeat what I have so often said. Opium to-day is the most dangerous drug in the *Materia Medica*, and it kills more persons than either the lancet, mercury, antimony or arsenic. I say it kills them, and I mean just what I say—it *kills*.

Do not understand me to say that it can never be used with advantage, for it is a valuable remedy when indicated. But used in the ordinary way, in the large narcotic dose, it does harm forty-nine times where it does good once. The common indication for its use—pain—is no indication at all, and pain can be better and more effectually relieved without it, than with it. I speak from a sufficient experience, as I have not prescribed Opium, or any of its preparations, for pain in the past five years, and yet I doubt if my patients suffer as much as others.

What is pain? Is it the disease? I say it is only the symptom or one expression of disease. If you narcotize the brain so that it can not feel the pain, do you stop the disease? I say no, with emphasis. If you relieve or cure the disease of which pain is the expression or symptom, will the pain stop? My experience, and the experience of others, says yes.

Now, let us have a few examples. Take the very common one, of severe neuralgic pain in a malarial region, there being distinct periodicity in the disease. You give the patient anti-periodic doses of Quinine—the pain stops and (because) the disease is cured. What kind of a fool would the doctor be who would give opiates for this pain?

Let us take the excruciating pain of dysmenorrhœa as a second example. Who would give Opium or Morphia in this case? We give *Macrotys*, *Pulsatilla*, *Viburnum*, and the pain stops, the menstrual function is better performed, and the lesions associated with the dysmenorrhœa, and upon which the pain depends, disappear.

Let us take the case of rheumatic fever. The patient has most excruciating pain, now here, now there, shifting from part to part. Who will give Opium or Morphia to relieve the pain in this case? We prescribe the proper sedative, *Aconite* or *Veratrum*, with *Macrotys*, and the pain is relieved and (because) the disease is cured.

Let us take the common case of pain during acute disease, in which the face is flushed, the eyes bright, the pupils contracted, the head hot; who will give Opium or Morphia here? He would be worse than a fool who would do it. We give *Gelseminum* with the proper sedative, and the pain stops.

Let us take the case of colic—common, bilious, or lead colic. There is no doubt about the intensity of the pain, the patient suffers intolerably; will you give Opium or Morphia here? No. You prescribe *Nux*, or possibly compound powder of *Senna* or *Jalap*, or in lead colic a solution of *Salphate of Soda*, and the pain is relieved by removing the condition upon which it depends.

You have a case of labor in which the "pains" are most intensely painful yet inefficient; do you give Opium or Morphia here? No. You determine the wrong, and give *Lobelia*, *Gelseminum*, or *Macrotys*, as indicated, and the "pains" are less painful, and the labor facilitated.

These are fair cases, illustrative of the dependence of pain upon a condition of disease, and its relief by remedies other than the narcotics. I have selected those cases which are best known to the reader, and in which he will agree that Opium is not the medicine. But I claim that these cases are fair examples of all those in which pain is a symptom, and in which Opium and its preparations are so freely used.

### *Classification of Remedies.*

We have not as yet made a classification of remedies, though we have abandoned the old one. Indeed, I do not know that a rigid classification is desirable. What we want to learn is, that no two remedies are exactly alike in their action, and that there should be no substitution in the practice of medicine.

The American Journal of Pharmacy gives the new classification of medicines by Professor W. H. Thomson, of the University of the City of New York, which, as it differs from others, may be interesting to our readers :

PROF. THOMSON'S CLASSIFICATION.

All medicinal substances are divided into two great classes, each class being sub-divided into orders and sub-orders.

CLASS I.—*Medicines for diseases or diseased states.*

Order 1.—RESTORATIVES: Agents which are natural to the blood, because they either themselves are ingredients of the blood or are analogous to such ingredients.

Order 2.—SPECIFICS: Agents which are not natural to the blood, and therefore poisonous.

CLASS II.—*Medicines for symptoms or transient complications.*

Order 1.—NARCOTICS.

Sub-order 1.—Medicines, both stimulants and sedatives at the same moment.

2.—Stimulants only.

3.—Sedatives only.

Order 2.—ELIMINATIVES, OR GLAND MEDICINES.

Sub-order 1.—Cathartics.

2.—Emetics.

3.—Expectorants.

4.—Diuretics.

5.—Diaphoretics.

Order 3.—ASTRINGENTS.

Sub-order 1.—Mineral astringents.

2.—Vegetable astringents.

Among the novel features of this classification is an order of *specifics*, which, although not named, the reader will see by looking at the other classes, must embrace a large number of medicinal agents. It is very evident from what we see that specific medication is to be generally recognized by the medical profession in a few years, and that its study will give us a rational practice of medicine. It is very probable that they will not recognize our work in this direction, but it is none the less certain that the problem will be worked out by the methods and on the plan I have pointed out.

I do not like Prof. Thomson's definitions, but doubtless they are so extended in his lectures, that they are rendered plain to his students. I should have said that *restoratives* are agents natural to and *required* by the body in order to restore its nutrition and functional activity. The definition of *specifics* has but little meaning; they may be "agents which are not natural to the blood," and in large doses they may be "poisonous," but this is no reason why we should designate them "specifics." If we say they are agents *directly opposed to processes of disease*, we will have something tangible. If we say further that they are *definite* in their action, and clearly indicated by expressions of disease, we put the subject in tangible form for the student of medicine.

### Homeopathic Ignorance.

Do not understand me to say that of all physicians Homeopaths are the most ignorant, for they are not. Ignorance is a medical virtue, abundantly illustrated in all schools of medicine. The very foundation

of medicine is a belief in things, which, according to Lord Dundreary, "no fellow can find out." Because there are many things in therapeutics which we can not account for, every man is allowed to give free course to his imagination, and form such theories as seemeth to him good. Our Homœopath is great in this field of labor. And because great latitude is given here, he wishes to bring his imagination to work in the field of the exact sciences—my friend, this won't do.

Teachers, above all men, should keep themselves free from exhibiting their ignorance; unless, indeed, they belong to the *regular* school of medicine. For if of the other schools, it is apt to bring discredit on irregulars; on this we are sensitive. Now let us have an example, and we will take it from the United States Medical Investigator, Chicago, paragraph marked "Editorial":

"The oil applied to the abdomen is absorbed and taken up by the mesentery glands, where it increases the quantity of white blood in the chyle receptacle, and as this finds its way into the blood current the quantity of fibrin is thereby increased and the tendency to hæmorrhage greatly lessened. That is the *modus operandi* of oil preventing hæmorrhage, i. e., if it is a fact that it does really prevent hæmorrhage.

"Albumen is believed to be simply fibrin in the granular form. Fibrin is organized albumen. Fibrin is the envelope of the white blood corpuscle, milk or oil globule, etc."

Now let us see—"the oil applied to the abdomen is taken up and absorbed by the mesentery glands"—most gross and outrageous anatomical and physiological error; as Shakspeare has put it, "write me down an ass." "Where it increases the white blood in the chyle receptacle"—"white blood in the chyle receptacle"—*go to*. Won't somebody in Chicago take a Huxley's Physiology and rub this editor's head?

### **"Line Upon Line"—A Silent Revolution.**

I think no one will dispute the fact that there has been a great change in the Eclectic practice in the past fifteen years. The change has gone on slowly with many, almost imperceptibly, and it is only by looking back at the past, that they can see how radical it has been. Let me give a letter received this fall (I could give a hundred of same tenor) illustrative of this:

"PROF. J. M. SCUDDER—*Dear Sir*:—Find \$2.00 for the Journal of 1875, I can not get along without it; some of the doses are about as hard for a '48-and-'49er to swallow as the anti-bilious physic of Morrow, or, "Old Billy Merrell's Podophyllin," as prepared in '49. It is quite a cross to bear to see the pet so fast drifting off into the broad road to Homœopathy; it requires a good deal of self-sacrifice to "give it up"; as I think that I can truly say that I have dosed out more Podophyllin than any other man living, but *during the past year, only used one half ounce*. I shall try and send my son and another young man to the Institute next winter, wishing you a good class and a successful session,

"I am respectfully yours,

I. A. DORAN, M. D."

Now I am very sure that many others have found the teachings of the Journal "hard to swallow," and if there had been any force used, they would not have been swallowed. It won't do in these days to turn a man's head over your knees, grasp his nose, and force the stuff down his throat, (the old method of medicating children). He feels a reasonable degree of freedom, and is persuaded that he should be treated as a rational being. His reason is appealed to, facts are stated and re-stated with different illustrations, he thinks the subject out for himself, makes his own observations, and tries the small dose under favorable circumstances.

I have been satisfied from the first, that though the change might be slow, it would be radical. And still it could only be effected on the old Bible principle, "Line upon line, precept upon precept, here a little and there a little." Recollecting *Æsop's* fable of the dog and the bone, we do not drop that we have to grasp the shadow in the water, but holding fast to the good we have, we only let it go when we have possessed ourselves of something better.

I am asked, "why don't you revise all your books according to specific medication?" The reason is very plain, we have not yet reached the point where the majority can dispense with the old methods. The books teach specific medication, so far as we know it, to those who wish the information. They give a mixed practice to those who like this best, and the old practice for those who want nothing else.

We do not get frightened at the cry of Homœopathy!

### *The Ohio State Eclectic Medical Association.*

We have a letter from the Corresponding Secretary, enclosing the following questions:

"1. Are you in favor of remitting the past dues of delinquent members who have been deprived of attending former meetings?"

"2. Are you in favor of changing the place of our next meeting from Urbana to Columbus?"

"3. Will you pledge to either write an essay or report cases for publication at our next meeting?"

I answer yes, emphatically, to the first two, as I think it will be for the benefit of the Society. The answer to the third will depend upon circumstances. I find that the work I am obliged to do, is fully up to the limit of my strength, and in justice to myself and others, I should not do society work. But if I can go to Columbus, I will surely say something.

### *Send me a Recipe.*

The recipe is far from being dead, and not a week passes (hardly a day) but what we have a request from some one to send a recipe that will cure a disease which is named. Some of these letters are natural curiosities, showing the utter want of anatomical and physiological and pathological knowledge, and the quaint ideas of the action of remedies. But we also have such letters from those who have the ordinary medical education; I give an example:

"PROF. SCUDDER—*Dear Sir*:—I have learned through some of the medical journals, that you have discovered a recipe almost amounting to a specific in the treatment of "cholera infantum." You would confer a special favor upon me and other physicians in this section, by sending me the recipe as used in your practice, giving the proportions of each ingredient, also the frequency of its administration; the application of the "Quinine inunction," etc. It is certainly a valuable discovery. We often meet with many cases of cholera infantum that are very obstinate, and will scarcely yield to any treatment."

Now if there is any one thing more than another we have insisted upon, it is that each case should be subjected to a rigid analysis, to determine what is the matter with *this* person, and that the ordinary names of disease should be wholly discarded in therapeutics. We have a treatment that is specific in cholera infantum, but it is not one medicine or one formula for all cases. It may be Aconite, Ipecac, Nux, Euphorbia, Veratrum, Colocynth, Rhus, an acid, an alkali, charcoal, bismuth, etc. In prescribing, we wish to know the condition of *this* patient, and we then prescribe the agent pointed out by the symptoms.

---

### ***Popular Instruction in Medicine.***

I am a firm believer in instructing the people in medicine, and this not because I have a *Domestic Medicine* for sale. I find that it is much easier to practice among intelligent people; I have better success where they have sufficient information to second the efforts of the physician; and a physician can make and hold his practice better, where works on his system of medicine are read. If any man wants proof of this, I refer him to the wide distribution of Hæmœopathic books among the people, and the strong hold that this system of medicine has.

The Botanic practice was established by the sale of the works of Thomson and Howard; the Eclectic practice, to some extent, by the popular Practice of Beach, which has sold over one hundred thousand copies. There have been large numbers of King's American Physician sold, and sixteen editions of my *Domestic Medicine*.

The testimony is, that where two or three volumes are placed in a neighborhood the Eclectic Practice will grow. Why? People read it, and loan it to their neighbors; the rules of hygiene and nursing are applied, the simpler remedies given, and the success attending this warrants further trials. People have a laudable curiosity about the structure of their bodies—this teaches anatomy; they want to know how this body acts, and how it lives—this teaches physiology; they want to know how to preserve their health—this teaches hygiene; they want to know how to manage in cases of accident and injury—this teaches minor surgery; they want to know something about medicines and their action—this gives a popular materia medica; they want to know something of disease and its treatment—this gives a successful practice of medicine. The wife and mother wishes to know something of the reproductive organs and their functions of child-bearing, child-birth, the nursing and rearing of children, their education, and the hygiene and treatment of diseases of women and child-

ren; these will be found fully described in the second volume of our Domestic Medicine.

We have just given this work—"The Eclectic Practice of Medicine for the use of Families"—a thorough revision, introducing specific medicines, and pointing out the methods of direct prescription, and will have it ready for delivery by the time this Journal reaches its readers. The size of the book has been increased, and we propose to retail it hereafter at \$5. An edition will be bound in sheep—medical binding—for physicians' libraries. Now, as an extra inducement to physicians to place a couple of copies in the hands of their patrons, I will make the following proposition: For \$10 I will send one copy in sheep, two copies leather or cloth binding, and the Journal for 1876. That is, if the two books are sold, the physician will have his copy and his journal for nothing. At this rate, however, the books will be sent by express; if by mail, an additional dollar must be sent to pay postage. Now I will guarantee that if the copies are kept to loan, and kept moving, they will pay their cost fifty times over in five years.

---

### *The College.*

The class of the present session numbers 116, a slight falling off from last year, but still a very good class and very satisfactory for hard times. The Spring class promises to be large, and judging from the present material, it will be very good. Let students get in early.

If physicians would point out to capable young men the advantages we offer in our system of scholarships, for a thorough medical education, they would do us, themselves and our cause a very great benefit. We want good men to take the places of those retired by old age and death, and a large number to fill new locations where physicians of our school are demanded. Give this matter a thought, and act on it.

---

### *The Capsicum is good.*

He is a wholesale druggist, and has been connected with the business from boyhood; his bushy whiskers and scattered locks of hair are as white as any specimen of bromide of potassium upon his shelf, even though it contain twenty per cent. of salts of tartar. He has learned a thing or two. He has labored long and hard for the benefit of poor, suffering humanity. Providence in return has blessed him with an abundance of this world's goods. "The hand of the diligent maketh rich."

We were conversing about matters and things in general, when an interruption presented itself in the form of a young man with a sample of pure powdered mustard; said sample representing about twenty pounds his employer was willing to dispose of, as he was overstocked.

I expected the venerable druggist would snap at the offer, and was somewhat surprised to perceive him rub a pinch of the pure drug between his fingers and then smell of it, saying apparently to himself, "it is good;" then place a portion upon his tongue and say "very good;" after which carefully replace the cover of the box and hand it back, observing, "*the capsicum is good.*"

I turned to the representative of the prominent retail druggist, but the place he had occupied was vacant.

"He had folded his tent like the Arab,  
And silently stolen away."

L.

### *Transfusion.*

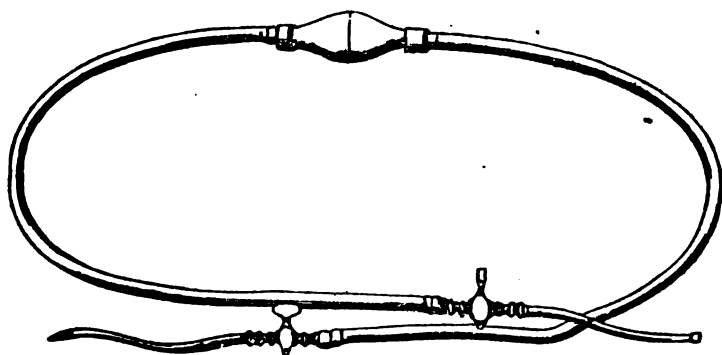
The history of transfusion dates nearly back to the discovery of the circulation of the blood, yet a satisfactory process for transferring the vital fluid from the veins of one individual to those of another, was not reached until quite recently.

The earliest experiments in transfusion were made upon animals, and great success was claimed to have been attained; but when similar operations were repeated upon human subjects, the results were far from satisfactory. Early in the present century Dr. Blundell, of England, conceived the idea of saving the lives of women who were quite exhausted from uterine hemorrhage, by transfusion; and he instituted a series of experiments upon animals for the purpose of applying the practical experience thus obtained in reviving obstetric patients who might need the benefit of the art. He invented a syringe which he employed to throw blood into the veins of an anæmic woman after it had been drawn into a basin from the veins of a man who could readily bear the loss. The blood was kept at a temperature of 100° until thrown into the arm of the patient. Dr. Blundell used the blood of calves and lambs when he could not obtain human blood, but never with much satisfaction,

At present the operation of transfusion is performed as follows: The arm of the patient above the elbow is constricted with a cord, to raise as much of a vein as possible; an incision is made into the most prominent vessel whether it be the median or basilic vein; and in the venous wound the effluent tube is inserted, with the nozzle directed upward, an assistant holding it in place; the arm of a full-blooded man is to be treated in the same way, though the affluent tube, which has a tubercle near the end of the nozzle, is to be inserted with its receiving end directed downward, another assistant holding it; the rubber hose with its valve shut, is now attached (the pieces easily join with a slide), and the valve opened to fill the rubber bulb in the middle of the instrument; the valve is then closed, and the charge of blood is forced out of the other end of the base, the valve on that side having been opened to let the fluid escape,—this is to make sure that the apparatus is in working order, and that a supply of blood is at command; then, before the central bulb is allowed to expand, the effluent hose is emptied of air by stripping it through the fingers, and closing the valve. The attachment is now made with the effluent nozzle, the cord removed from the woman's arm, and the apparatus is in readiness for transfusing blood. The operator, while holding the bulb in a collapsed state, opens the affluent valve, and then lets the bulb fill by letting the thumb and finger loose. The affluent valve is now closed, and the effluent valve opened, while compression of the bulb empties the instrument by forcing its contents into the veins of the patient. About two fluid drachms of blood are forced into the veins of the patient at this discharge. The effluent valve is now closed, the affluent is opened, and the

bulb allowed to dilate as a new supply of blood is received; then the affluent valve is closed, the effluent opened, and by compression of the bulb another charge of blood is transfused to the patient's veins. The same series of manipulations are to be kept up, until from six to twelve ounces of blood are transfused. The nozzles are then to be withdrawn from the veins, and the wounds dressed with strips of adhesive plaster. In a few minutes the patient will be attacked with a rigor and spasmodic state, attended with apnœa and other unpleasant symptoms, unless the vapors of ammonia and chloroform be passed before the nose to avert the complication.

The apparatus is to be kept as warm as practicable while in use; and it is well to run a stream of warm water through it, before blood is let into it. And after transfusion the instrument is to be well cleansed by pumping water through it. The instrument is Aveling's invention, and is exceedingly simple in its construction and mode of working.



Aveling's instrument for transfusion.

The most difficult part of the procedure is to raise a vein in the arm of the recipient, and to introduce the effluent nozzle well into it so no air will enter. As soon as the vein receives the nozzle, the constricting medium may be removed, and the vein pressed upon by the assistant's finger until ready to receive blood. The affluent nozzle in the man's vein is easily held in place by an assistant's finger which presses the walls of the vein against the knob on the tube. If the vein be raised from its bed, a ligature may be temporarily thrown around the vein and tube. After the nozzles are removed there is said to be danger of phlebitis, but this cannot be great.

It is not always easy to find a vein in a bloodless patient. If one in the arm cannot be found, the saphen vein in the leg may offer a better opportunity to receive the effluent nozzle, though the danger from phlebitis is greater in the leg than in the arm.

The operation of transfusion may be repeated every few days, if no untoward condition declares against the procedure. Generally a patient is at death's door before transfusion is attempted, therefore its record is not very flattering. It is idle to suppose that a patient nearly dead from consumption can be anything more than temporarily revived by the reception

of a few ounces of healthy blood. This borrowed capital only puts off for a limited period the general bankruptcy which is impending. Unless a patient's blood-making organs can be so far restored in function that they can elaborate fresh supplies to correspond with the waste, the introduction of a small quantity of healthy vital fluid, is like a starving man taking a little food; the relief is pleasant, but it is temporary, unless the supply can be kept in harmony with the wants of the body.

Transfusion is a valuable therapeutic resource; but it is not to be drawn upon when there is not a rational indication for its employment.

In the earlier attempts at transfusion a flexible tube was used with the idea that blood would flow across from one individual's veins to another; but it is now known that very little blood will thus pass; and there is danger of obstruction through coagulation, and the passage of small clots which may produce embolism. The bulb of the instrument figured in this account of the latest method for performing transfusion, is to draw blood from the plethoric vein by suction, and to force it into the patient's vein by the compressing power of the thumb and finger.

The drawing of blood into a basin kept warm by resting in hot water, and then the injection of the same into a vein with a syringe, constitute a dangerous process, inasmuch as air is liable to get into the veins while the experiment of transfusion is performed. It will be seen at a glance that transfused blood to be most beneficial to the recipient, should flow directly from one individual to the other without exposure to air, or a temperature favoring coagulation. Transfusion badly performed is a fearfully dangerous experiment. Those unacquainted with the details of the operation should experiment upon dogs until every step in the process is made familiar.

H.

---

MARRIED, at the residence of the bride's father, in Schell City, on Nov. 17th, by Rev. J. L. Baker, DR. A. HARVEY and Miss ELLA PURINTON.

---

## BOOK NOTICES.

**A TEXT-BOOK OF HUMAN PHYSIOLOGY.** Designed for the use of Practitioners and Students of Medicine. By AUSTIN FLINT, JR., M. D. New York, D. Appleton & Co.; Cincinnati, Robert Clarke & Co. 978 pages; price, cloth, \$6.

It is not only necessary that an author should be exact in the statement of facts, but he must also be methodical, using language that clearly expresses his meaning, and, as far as possible, giving attention to one subject at a time. The reader will have noticed that some works are hard to read, the mind can hardly be forced to follow the tortuous thoughts of the writer; others are easily read and understood, because the mind is led along by simple propositions and plain statements. We have works on physiology which I could not recommend to a student, because of the objectionable features named; this one I can recommend because it possesses the favorable features mentioned.

Commencing with the first paragraph, the ideas and language flow easily

and smoothly along; the author seems to be a complete master of the subject; his ideas take the simplest forms, and clothe themselves in the best possible language. These are rare talents, and they have been well used by Prof. Flint. The father was a ready writer and thinker; the son is his superior. Let us have a single example illustrative of the style, and we will take the first paragraph of the book:—

"From the earliest periods in the history of physiology, the importance of the blood has been recognized; and with the progress of knowledge this great nutritive fluid has been shown to be more and more intimately connected with the phenomena of animal life. It is now known to be the most abundant and highly organized of the fluids of the body, providing materials for the regeneration of all parts, without exception, receiving the products of their waste, and conveying them to proper organs by which they are removed from the system. These processes require, on the one hand, constant regeneration of the nutritive constituents of the blood, and on the other, its constant purification by the removal of effete matters."

This is but a fair selection; any other paragraph would have read as smoothly, and conveyed the ideas as definitely. The reader need hardly be told that it is a pleasure to read after such a writer. In so far as I have been able to examine the work, the writer adheres to the modern doctrines and teaching of physiology, making no innovations, and hence he is a safe authority. In some few things I think the statements are not correct, yet here I would be with the minority. Take it all in all, it is a most excellent treatise on physiology.

---

**THE ECLECTIC PRACTICE OF MEDICINE FOR THE USE OF FAMILIES.** By JOHN M. SCUDDER, M. D. Seventeenth edition (physician's edition). Price \$5.

I am satisfied that the greater number of our readers will find benefit from a careful reading of every part of this work, whether it is the anatomy and physiology, the hygiene and nursing, the therapeutics and practice, or the obstetrics and diseases of women. The practice has been revised according to "specific medication," and the specific remedies receive a separate consideration. The articles on the treatment of diseases of women, published in the Journal last year, are also embodied in this work.

---

The Attention of the Profession is requested to the new advertisement of Wm. S. MERRILL & Co. in this issue of the Journal.

During the past month they have secured a supply of the Grindelia Robusta and Yerba Santa, direct from the Pacific Coast, and are now prepared to fill orders for their preparations from these articles.

They have removed their place of business from Third St. near the Burnet House, (where they have been established for twenty-four years,) to the commodious five story building, No. 5 West Fifth St., opposite the new Government Buildings. With increased facilities for their growing business, and ample office accommodations, their friends and customers will always be welcome.

---

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address

DR. J. S. BARTON,  
Vera, Fayette Co., Ill.

**Wanted.**—By a young Eclectic physician, a partnership or situation with an old practitioner, or a clerkship in a drug store where he can practice also.

Address

PHYSICIAN,

Box 96, Schell City, Vernon Co. Mo.

**Property and Location for Sale.**—In a town of 1000 inhabitants, and surrounded by a well improved country. In the immediate vicinity of the coal regions. First class College and theological institute. My property is all new. To a physician who wishes to give part of his time to the treatment of chronic diseases, the very place above all others. For particulars call upon or address

DR. W. L. LEISTER,  
Oakland City, Gibson Co., Ind.

**New Remedies.**—All who desire a supply of the new remedies Yerba Santa and Grindelia Robusta, can be accommodated at the following rates in currency.

Yerba Santa per pound.....\$1.35

Grindelia Robusta per pound, put up in  $\frac{1}{4}$  pound packages.....\$1.35

I have a large supply of both drugs that has just been gathered, and they are fresh and reliable for this reason. Address

J. H. BUNDY, M. D.  
Colusa, Colusa Co., Cal.

**A Good Practice.**—Given away to any respectable physician who will buy my horse, buggy, harness and office furniture. Price \$350, cash. Location in a manufacturing town of 1100 inhabitants, very little competition. For further particulars address

DR. C. A. WILCOX,  
Utica, La Salle Co., Ill.

**A Rare Chance.**—I want to sell my property, a good cottage house, two lots and all necessary out buildings, on Green river seven miles from the L. R. and S. W. R. R. Practice worth from fifteen hundred to two thousand a year. Pay good, have been here six years, made money, reasons for selling going to city. Terms easy.

For further particulars address

J. W. HILL, M. D.  
Cromwell, Ohio Co., Ky.

#### RECEIPTS FOR JOURNAL TO DECEMBER 22.

Arthur Knight 2, A Dean 2, A L Bennett 1, W H Outland 2, L M Bundy 4, O M Beck 2, L A Doran 2, A S Griffith 2, Whittledge & Breston 2, J J Box 4, Isaiah Bennett 4, J W Marmon 2, J H Briggs 1.50, Hugh Nicolay 2, J M Harding 4, S J Quinby 4, W M Milton 2, Treat & Hewitt 2, Chas Bates 2, J R Johnson 2, A T Edwards 2, Jno Clark 2, A B Crain 2, Dr Smith 2, S Goodsell 2, J Brimer 2, G T Jacoby Sr 2, Asa Harvey 2, B F Crumrine 1, J C A Clowes 2, W L Leister 2, S W Montgomery 2, H A barber 2, H P Crute 2, Geo B Wray 2, J Q Bowman 2, C A Abraham 2, S J Henderson 2, J B Chase 2, M C Kimball 2, W S Holland 2, Geo W Lambert 2, F Outler 2, E D Beem 1, H T Hollis 2, F T Buchanan 2, J H Wesscher 2, F J Burnett 2, Nathaniel Jewett 5, J P Soliss 2, J W Crippen 2, W O P Butman 2, John Parker 2, J R Hewett 2, E V Dority 2, R D Reynolds 2, R J Simon 2, G P Barto 2, S W Bridinger 2, J Q A Vale 2, Oscar Willis 2, E P Harrison 1, J S Watts 2, Dr Gibson 2, Wilmot Moore 2, A L Wilson 2, G O Fraser 2, J H McNutt 2, S B Danks 2, N Young 2, L B Munger 1, A R Warren 2, B H Ordway 2, Francis Drude 2, R A Gunn 2, J P Altum 2, F W Strobe 2, C L Spencer 1, A A Whipple 1, M V B McKinney 2, O F Dice 2, L M Bookwalter 2.50, R C Thompson 2, R D Morrison 2, F S Russell 1, E Brace 2, M Farris 2, A M DuBois 2, J H Woodward 2, W T Kishler 2, Geo W Foster 2, A W Porter 2, B W Culver 2, Jas Campbell 2, Ben King 2, O P Fry 2, H C Potter 2, J Tiry 2, Jno Fearn 2, H W Simons 2, G W Fulkerson 2, R W Fleming 2, O E Yates 2, J N McCasland 2, A A Duncanson 2, F A Bayer 2, C P Wells 2, A Niles 2, J L Sharp 2, J H Watkins 2, C N Willis 4, J Smith 2, J C Grubb 2, D M Bloom 2, J M Fickle 2, S F Zeek 2, H B Benham 2, C E Rutherford 1, T J Simpson 1, R T Lunn 2, T Rodgers 2, Jno Purdie 2, W H Frederick 2, O E Peters 2, H F Coe 4, W Queen 2, B Blair 2, D B Day 2, I Brothers 2, J H Bucking 2, H Akley 2, M C Jacobs 1.50, J B Henion 2, J A Lee 2, S S Boydston 2, Geo W Dunn 2, J B Sharp 2, O S Gregory 2, P W Welker 2, Surgeon Generals office 2, B F Shreer 2, La Fayette Gabbert 4, Phillip Snyder 2, D Callahan 2, W N Taudy 2, C A Culver 2, J T Chenowith 2, T W Botkins 2, W F Standford 2, J H Luttrell 2, L W Critser 2, S H Davis 2, F R Stien 2, W I Cleveland 2, D H Chase 2, L Adams 2, F N Burgin 2, J H Killough 1, C D Brande 2, J Holloway 2, W W Davis 2, N L Landis 2, I N Smith 2, D D Gist 2, C F Falley 2, Jos M Williams 2, C Gaskins 2, E H Coover 2, R J Bowe 2, A Woody 2, J M Pirtle 2, S R Jones 2, J H Baer 2, J K Winfrey 2, Wm Bell 2, H N Hurlburt 2, J A Davenport 2, J J Lonbaugh 2, H W Marsh 2, D W Maxson 2.

# CINCINNATI SAVINGS SOCIETY

(CHARTERED MAY 10, 1867.)

Office No. 29 West Third Street.

*Six Per Cent. Interest Paid on Deposits.*

DEPOSITS OF ONE DOLLAR RECEIVED.

J. L. WAYNE, PRESIDENT.

HENRY KESSLER, VICE PRES.

J. L. THOMPSON, TREASURER.

WM. B. FRINTZ, ASS'T TREAS.

The office hours of the Society shall be from 9 o'clock, A. M., until 3 o'clock, P. M., and on Saturdays and Mondays until 5 o'clock, P. M., and the office shall be kept open every day except Sundays and holidays.

## TRUSTEES.

R. Buchanan,  
Wm. Goodman,  
C. F. Bradley,  
Wm. M. Hubbell,

Wm. Sumner.  
T. H. C. Allen,  
C. J. W. Smith,  
R. Mathers,

Geo. Wuest.  
David Baker,  
Geo. Klotter, Sr.

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

**Hard Wood Mantels, Doors,**

**Counters, Interior Wood Work,**

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI.

Send for Catalogue.

WM. S. MERRELL.

GEORGE MERRELL.

WM. DODD.

---

REMOVAL.

---

**WM. S. MERRELL & Co.**  
**Manufacturing Chemists,**  
**PHARMACISTS,**  
—AND—  
**Wholesale Druggists,**

Have removed their office and sales department to the five story stone front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

---

Laboratory and Drug Mills, Corner Eggleston Avenue  
and Sixth Streets,  
**CINCINNATI, O.**

---

The following additions have been recently made to our large line of  
**PHARMACEUTICAL SPECIALTIES.**

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**

**Fluid Extract Yerba Santa,**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

---

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Ethereal Oils; Tincture Gelseminum (entirely from the green root); Compound Syrup Stillingia (in pint bottles); Sulph. Hydrastia. and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**Wm. S. MERRELL & Co.**

No. 5. WEST FIFTH ST.

CINCINNATI.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

REPRODUCTIVE ORGANS

AND,

THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINT RS.

1874.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any dagger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

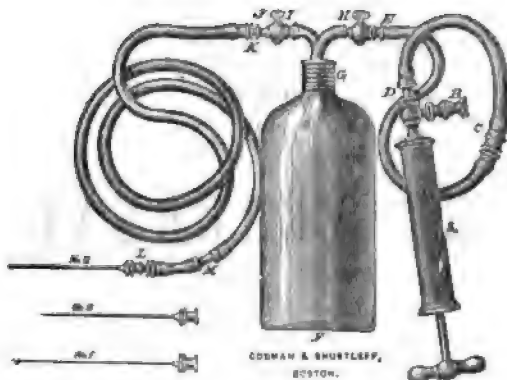


Fig 68.

## DESCRIPTION.

**A**, Brass Air Pump. **B**, **C**, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The Chamber, **C**, is reversed by turning it with the tube end for end. **D**, **E**, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, **H**, as required. **F**, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, **G**, making an air-tight joint by means of rubber packing. **I**, Fluid Cock. **K**, **L**, Metallic Couplings. **M**, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.
2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

8. The use of indestructible valves.  
Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chamber, and require no care beyond occasionally wiping valves and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

9. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cork, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto. Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Function and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Ruptures into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.

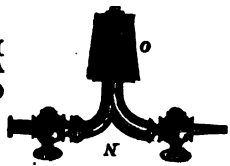


Fig. 69.  
The Stopper and Cocks supplied with Apparatus No. 2.

## PRICES OF APPARATUS.

No. 1. Air Pump—expandable or condensing as described: 16 oz. receiver, or of strong glass, with screw cap; three steel, gold-plated Aspiratory tubes, together with the necessary tubing, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions.....	18.00
No. 2. The same, without receiver and with rubber lopper (see Fig. 69) to fit almost any bottle or quart capacity, or less, instead of screw-cap arrangement, also with printed directions.....	16.00
No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two needles, tubes, etc., in case.....	14.00
No. 4. Stomach Attachment, as described, adapted to pump accompanied with Nos. 1 and 2, additional For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add.....	1.50
Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each.....	1.00
Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above.....	6.50
The foregoing are the products of our own factory, and are warranted in every respect.	
Dieulafoy on Pneumatic Aspiration, post-paid, on receipt of.....	1.00

## CODMAN & SHURTLEIFF,

Makers and Importers of Surgical Instruments of every description.  
18 and 19 TREMONT STREET, BOSTON.  
Catalogues of Surgical Instruments on application.  
N. B. See our other advertisements in alternate numbers of this Journal.

# Polymnia Uvedalia.

(BEAR'S FOOT.)

For the cure of White Swelling, Enlarged Spleen, Tonsil Glands, Sore Throat, Liver, Sprains, Cuts, Bruises, Felons, Spinal Irritation, Weak Back, Piles, Scrofula, Chronic Sore Eyes, Neuralgia, Caked Breasts of lying-in women, Skin Diseases, etc.

Recently dried Root, per pound,	\$1 50
Ointment,	2.00
Concentrated Tincture, “	3.00

Being the first to introduce this agent, and having tested it in practice for several years, in the above-named diseases, with the most gratifying success, I can confidently recommend it to the profession. See Eclectic Medical Journal for April, 1870, July and October, 1873, February, July and August, 1874.

The root can be sent by mail or express The tincture and ointment by express. **TERMS CASH.**

Address

**J. W. PRUITT, M. D.**

**RUSSELLVILLE, POPE CO., ARK**

---

## Hall's Silver-Plated Electrodes,

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

Address

**JOHN M. SCUDDER,**

Cincinnati, Ohio.

---

## THE AMERICAN DISPENSTORY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address **J. M. SCUDDER, M. D.**

**Box 146 CINCINNATI, OHIO.**

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each. All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

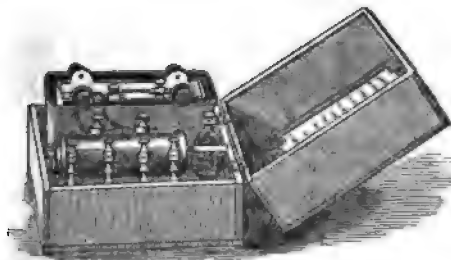
## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
**N. W. COR. COURT AND CUTTER STS.**  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

**All articles furnished of the best quality, and no pains spared to give entire satisfaction.**

**Prices as low as those of other reliable houses.**

---

**H. H. HILL & CO.,**

**WHOLESALE DEALERS IN**

**Drugs, Liquors, Medicines,**  
**AND CHEMICALS,**  
**BARKS, HERBS, ROOTS, ETC.,**

**Manufacturers of Resinoids, Fluid and Solid Ex-**  
**tracts, Syrups, Tinctures, Ointments, etc.**

**Particular attention paid to Physicians' orders.**

**All Medicines warranted of the best quality.**

**Shop Furniture, Instruments and Medical Books, furnished at lowest prices.**

**S. E. Cor. Fifth and Race Streets,**  
**CINCINNATI, O.**

---

**FRESH VACCINE VIRUS Constantly on Hand.**

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homoeopathy, Eclectic Medicine, The Physician, The Practice of Medicine, Quackery.

**PART I.**—*Anatomy and Physiology.*—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.**—*Hygiene.*—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquor as a Cause of Disease.

**PART III.**—*Medicines for Family Use.*—Use of Medicines, Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.**—*Management of Accidents and Injuries and Surgical Diseases.*—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Piles, Fistula in Ano, Chronic Disease of the Loins, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.**—*Diseases and their Treatment.*—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Miliary Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid, Vaccination, Chicken Pox, Measels, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhea, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.**—*Notes on Nursing.*—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advices, Personal Cleanliness, Observation of the Sick, Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.**—*Diseases of Women.*—Amenorrhoea, Dysmenorrhoea, Menorrhagia, Leucorrhoea, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anteversion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.**—*Care and Management of Children.* The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Oplate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
**CORNER OF COURT AND PLUM STREETS,**  
**CINCINNATI, OHIO,**

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, etc., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND

**Manufacturing Chemist,**  
**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**  
**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**  
**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and comp. Pow.**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures    Specialty.**

# PEPSIN WITH WAFER-ASH.

*Associating Pepsin, and the oleo-resinous principle of the Wafer-Ash (Ptelia Trifoliata) in pure anhydrous Glycerin.*

## FOR DYSPEPSIA, GASTRALGIA,

Imperfect Digestion following fevers and attending chronic diseases, and as an adjunct for the administration of Cod Liver Oil.

The Pepsin used in this preparation is made with the utmost care and is fully equal in quality to the imported. When in solution sufficiently concentrated it is incorporated with glycerin, a preservative solvent of this substance superior to all others as being *devoid of irritating properties*.

The following description of the properties of the wafer ash is from the American Dispensatory.

"Ptelia is tonic, used in intermittent fevers, remittent fevers, and all cases of debility where tonics are indicated. \* \* \* Prof. I. G. Jones states that this bark is a pure, unirritating tonic, having rather a soothing influence when applied to irritant mucous membranes. He has employed it advantageously in convalescence after fevers, and in debility connected with gastro-enteric irritation. It promotes appetite, enables the stomach to endure suitable nourishment, favors the early re-establishment of digestion, and will be tolerated by the stomach when other tonics are rejected."

Physicians are invited to test the merits of the "PEPSIN WITH WAFER ASH." It is elegant in appearance, pleasant to the taste, (the odor of the Pepsin being entirely disguised,) is less than one-half the expense of imported Pepsin and gives prompt and permanent relief in those inveterate cases of stomach affection which yield to no other known method of treatment.—Price One Dollar per bottle, with liberal discounts to the trade. Prepared by

**CHAPMAN & DUNKS,**

*Manufacturers of very superior Fluid Extracts and Special Medicinal Preparations,*

**Hudson, Michigan.**

N. B. The title of the above preparation is protected by Copy Right.

## ROBERT CLARKE & CO.,

### Publishers, Booksellers, Stationers

### AND IMPORTERS.

DEALERS IN

**Law, Medical, Theological, School and Miscellaneous Books.**

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,  
54 Fountain Square, Cincinnati, O.

---

**T H E**

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope with meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# **B. KEITH & CO.'S**

## **Pure Concentrated Medicines,**

### **CONCENTRATED TINCTURES, Etc.**

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### **CONCENTRATED TINCTURES,**

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 oss., 8 oss., and 1 lb.

#### **VACCINE VIRUS.**

10 Ivory points, Cow-pox Virus, charged on both sides.....\$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

#### **HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.**

By B. KEITH, M. D. Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1759.

41 Liberty St., N. Y.

---

---

## **SPECIFIC DIAGNOSIS.**

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

**JOHN M. SCUDDER, Cincinnati, Ohio.**

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$3.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

## WM. AUTENRIETH,

Formerly 18 years with M. WOCHER,

SUCCESSOR TO W. Z. REES,

71 West Sixth St.,

Bot. Walnut and Vine, CINCINNATI.

Manufacturer of

## Surgical and Orthopaedical INSTRUMENTS,

Abdominal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
Medic and Rubber Syringes, Stomach Pumps,  
Saddle Bags, Medicine Cases, etc.

STOCKINGS FOR VARICOSE VEINS.

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

## MAX WOCHER & SON,

MANUFACTURER OF

## Surgical, Dental & Orthopaedical INSTRUMENTS.

In calling the attention of physicians to our  
very extensive and most complete assortment  
of instruments, we beg to state that we shall  
continue, with increased facilities, to add to  
our stock any thing new and desirable which is  
recommended by authorities here and abroad,  
to satisfy all demands of the medical profession.

Purses of our goods are kept strictly uniform  
with those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
every respect.

### SPECIALTIES.

Trusses of every description.

Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
and for all other deformities, made to order,  
with all the latest improvements.

Electro-Medical Apparatus of various kinds,  
for physicians' office use.

Also a large variety of the most improved  
Abdominal Supporters, either elastic or with  
steel springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Dr. Drescher's Electro-Magnetic and Galvanic  
Batteries.

Babcock's Uterine Supporters.

Codman & Shurtleff's Atomizers.

Davis & Kidders, Magneto-Electric Machine.

Day's Improved Splints, which we sell either in  
full sets or by single piece.

On all above goods our price is the same as  
that of the manufacturers.

105 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



## A. JACKSON HOWE, M.D.

OFFICE, N. E. COR. FOURTH & MAIN.

CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

## JOHN KING, M.D.

OCCULIST AND AURIST

138 Ninth Street. Cincinnati.

Office Hours from 9 A. M. to 2 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

## WM. H. DAVIS, M. D.

Springfield, Illinois,

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

## DR. J. M. SCUDDER,

228 COURT ST.

## EDWIN FREEMAN, M. D.

Office, corner Eighth and John sts.

CINCINNATI.

Special attention given to treatment of fis-  
tula, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

## PROF. Z. FREEMAN, M. D.

OFFICE, 280 WEST SIXTH STREET

CINCINNATI.

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED,

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1873.

LITTLE BUT GOOD.

WARRANTED NOT TO RUN OFF AT THE BOWELS.

SENT BY MAIL FOR \$2.50.

# Physicians' Head Quarters.



E. M. MERRELL.

ABNER THORP.

T. C. THORP.

## H. M. MERRELL & CO. Manufacturing Chemists and Pharmacutists, CORNER COURT AND PLUM STREETS, CINCINNATI, O.

**W**E would again return our thanks to the Profession for their liberal patronage during the past. We present ourselves with the following statements for a continued patronage.

We make and sell only pure Drugs, guaranteeing all we offer, and upon this platform stake our reputation.

We were one of the first houses in the country to introduce and prepare these valuable remedies peculiar to the Reformed Practice, and for twenty years have been identified as manufacturers.

We do the largest Physicians trade of any house in the Western Country, and by custom, extent and familiarity of business are best able to respond to every Physician's want.

We deal in nothing that is not reliable, and in our Fluid Extracts, Concentrated Tinctures and Specific Medicines; offer Preparations that are unequalled in purity, strength and reliability.

In addition to our manufactures we keep a complete assortment of all agents wanted by Physicians of all schools, including *Foreign and Indigenous*

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,  
54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

BY JOHN M. SCUDDER, M. D.

SIXTH THOUSAND.

REVISED AND ENLARGED EDITION.

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# Price List

-OF-

## H. M. MERRELL & CO.

### Concentrated Powders.

	Per oz.
Aleutina.....from Tag Alder.....	\$1 00
Ampelopsine.....American Ivy.....	1 25
Apocynin.....Dogbane.....	1 70
Asclepidin.....Pleurisy Root.....	1 80
Baytain.....Wild Indigo.....	1 35
Caulophyllin.....Blue Cohosh.....	90
Cerarine.....Choke Cherry.....	1 40
Chelonin.....Balmory.....	1 75
Chimaphyllin.....Pipsissewa.....	1 75
Colocyathin.....Colocynth.....	2 00
Chimifugin }	
Macrotin }	
Black Cohosh.....	75
Cornine.....Dogwood.....	70
Crydalin.....Turkey Pea.....	3 00
Cypripedin.....Ladies' Slipper.....	1 75
Digitaline.....Foxglove.....	1 75
Dioscorein.....Wild Yam.....	1 75
Eryngina.....Corn Snake-root.....	1 00
Eucymine.....Wahoo.....	1 75
Eupatorine.....Boneset.....	1 00
Eupatodin.....Eupator. Agertoides.....	1 25
Eupurpurin.....Queen of Meadow.....	1 70
Gelaminine.....Yellow Jessamine.....	2 75
Geracine.....Cranebill.....	1 00
Fraserine.....Am. Columbo.....	1 25
Gilicine.....Am. Ipecac.....	1 25
Hamanellin.....	1 00
Helonin.....Unicora Root.....	2 50
Hydrastin.....Mur.....	2 80
Hydrastia.....Sulph.....	3 50
Hydrastine.....Principles Combipd.....	1 80
Humuline.....	1 50
Hycocymine.....Habanab.....	3 50
Iodin.....Blue Flag.....	1 00
Jalapin.....Jalap.....	3 80
Juglandin.....Butternut.....	90
Lobeline.....Lobelia.....	2 40
Leptandrin.....Calver Root.....	70
Mentapermin.....Yel. Parilla.....	1 75
Myricin.....Bayberry.....	1 00
Physalacin.....Gurgel or Poke.....	1 25
Populin.....Aspen Poplar.....	1 20
Prunine.....Wild Cherry.....	90
Telaphyllin.....Mandrake.....	70
Pictin.....Wafer Ash.....	1 80
Sabin.....Samarah.....	1 00
Succin.....Yellow Dock.....	1 25
Sanguinarina.....Bloodroot (alkaloid).....	1 40
Sanguinarin.....do (combined).....	1 25
Sanguinarin.....Nitrate.....	2 00
Sandellarine.....Scullcap.....	1 75

Senecine.....Liferoot.....	1 60
Stillingine.....Stillingia.....	2 25
Trillia.....Birthroot.....	1 25
Veratrine.....Amer. Hellebore.....	2 25
Verbenine.....Blue Vervine.....	1 25
Viburnine.....High Cranberry.....	2 00
Xanthoxylin.....Prickly Ash.....	1 50
Put up in ounce bottles, 12 ounce boxes and 1 pound bottles.	

### OILS.

	Per oz.
Oil Lobelia.....	\$0 75
" Stillingia.....	80
" Xanthoxylum.....	60
" Capsicum.....	75
" Ergot.....	50
" Piper Nigor.....	25
" Erigeron Can.....	30
" Erebites Hier.....	70
" Male Fern.....	75

### OLEO RESINS.

Asclepidin.....	\$0 50
Apocynin.....	50
Alotrin.....	50
Eupurpurin.....	50
Iridin.....	50
Liatrin.....	50
Rhusin.....	50
Ptelein.....	50
Xanthoxylin.....	50

The above form is a most excellent and reliable mode of use; but should always be triturated with Lactin or sugar or made into pill with soluble extract. In this manner they become more efficient, and require less for a dose.

### Alcoholic and Common Extracts.

Our Extracts are Alcoholic and Common, they are made after the most approved processes, and up to the full standard in every particular.

They are put up in 1 pound jars, but will be sent in whatever amount desired.

### EXTRACT OF

	Alcoholic	Com.
Absynthium.....Wormwood.....	\$4 00	\$1 50
Achillea Mil.....Yarrow.....	2 75	2 00
Aconitum.....Aconite.....	4 09	3 00
Ambrosia Elat.....Ragweed.....	3 75	1 25
Anthemis Nobilis.....Chamomille.....	4 00	2 00
Apocynum.....Bitter Root.....	3 75	2 00
Aralia Rac.....Spikenard.....	3 50	1 50
Arnica.....Arnica Flowers.....		

EXTRACT OF		Absolut.	Comp.
Asclepias Tub. Plenny Root.....	3 75	1 75	
Aspidistra Wild Indigo.....	3 75	1 40	
Belladonna Nightshade.....	5 00	3 00	
Cannabis Indica Ind. Hemp.....	1 75	1 00	
Cassia Mar. American Noug.....	3 00	2 00	
Centaphyllum Blue Cohosh.....	2 75	1 50	
Celastrus Scand. F. Bittersweet.....	2 25	1 75	
Chelone Glabra Balmomy.....	2 25	1 50	
Chimaphylla Epistaxia.....	4 50	1 80	
Cimicifuga Black Cohosh.....	3 50	1 00	
Cinchona Rob. Red Bark.....	5 00		
Colocyth Comp. U. S. P.....	3 00	4 00	
do do poly.....	4 50		
Columba East India Col.....	3 00	1 75	
Conium Mac. Cicuta.....	3 75	2 00	
Convolv. Pand. Manroot.....	00		
Corvus Florida Dogwood.....	3 75	1 25	
Corydalis Turkey Pea.....	00		
Cuba.....	00		
Cypripedium Lady's Slipper.....	4 00	3 50	
Digitalis Fox Glove.....	75	3 00	
Dioscorea Wild Yam.....	00	2 50	
Dulcamara Bittersweet.....	3 75	2 75	
Ergoster Can. Fleabane.....	00	3 00	
Eryngium Ag. Corn Snakeroot.....	3 50	1 50	
Euphrasia Wahoo.....	4 00	2 50	
Eupatorium Perf. Boneset.....	3 75	1 25	
Eupat. Perf. Queen Meadow.....	3 75	2 25	
Fedia Mas. Male Fern.....	00		
Gentiana Lutea Gentian.....	3 25	1 25	
Geranium Mac. Cranesbill.....	00	1 50	
Gossypium Cotton Root.....	75		
Helleborus Ulfoni Unicorn Root.....	5 00		
Hemlock Hope.....	00	2 50	
Hieracium Can. Golden Seal.....	4 00	2 00	
Hyscyamus Henbane.....	00	3 00	
Iris Versicolor Blue Flag.....	3 75	1 75	
Jalap. Jalap.....	10 00	5 75	
Juglans Cin. Nutmeg.....	3 00	1 50	
Krameria Rhatany.....	00	6 00	
Lactuca Elong. Wild Lettuce.....	3 75	1 25	
Lactuca Batava Garden Lettuce.....	3 75	1 25	
Lapa Major Burdock Root.....	50	2 00	
Leonurus Motherwort.....	00	3 00	
Lepidula Culver Root.....	00	3 00	
Lobelia Inflat. Lobelia.....	4 00	2 00	
Marrubium Monardella.....	00	1 00	
Menispermum Yel. Parilla.....	50		
Mitchella Repens Parago Berry.....	00	3 00	
Nux Vomica per oz.....	00		
Oxalis Asat. Wood Sorrel.....	3 50	2 00	
Paeonia Viraya per oz.....	00	75	
Phytolacca Garget Root.....	00		
Phytolacca Garget Berries.....	00	1 50	
Plantago Maj. Plantain.....	00	1 50	
Podophyllum Mandrake.....	3 75	1 25	
Polygonum Fumic. Smart Weed.....	3 75	1 25	
Ptelea Water Ash.....	00	3 00	
Quassia Quassia Wood.....	00	00	
Quercus Alba White Oak.....	00	1 50	
Quercus Tinctura Red Oak.....	00	1 00	
Rheum Rhubarb.....	00		
Rhus Glab. Sumach bark Root.....	00	1 75	
Rhus Villosa Blackberry Root.....	50	2 00	
Rubus Crisp. Yellow Dock.....	00	1 50	
Sanguinaria Bloodroot.....	00	1 50	
Sarcaparilla Hon. Sarcaparilla.....	00	3 00	
Sarcaparilla Comp. do.....	00		
Sabine Sabine Leaves.....	75		
Scutellaria Scutellap.....	75		
Senecio Life Root.....	25		
Stillingia Queen's Root.....	00		
Taraxacum Dandelion.....	3 50	1 50	
Tobacco per oz.....	00		
Trifolium Red Clover.....	00	1 50	
Trillium Bathroot.....	00	2 75	
Uva Ursi Barberry Leaves.....	00	1 75	
Valeriana Eng. Valerian.....	00	2 00	
Veratrum Viride Am. Hel'be.....	00	5 00	
Verbascum Mullein.....	2 25		
Verbena Vervain.....	1 50		
Veronica Iron Weed.....	1 50		
Xanthoxylum Prickly Ash.....	3 75	5 00	

## FLUID EXTRACTS, OR CONCENTRATED TINCTURES.

We would respectfully call the attention of the profession to our change in prices of Fluid Extracts and Concentrated Tinctures. Our great effort since the introduction of specific tinctures has been to elevate the standard of fluid extracts to that of Concentrated Tinctures. We offer them now at the same price, and retain the name of Concentrated Tinctures only as an accommodation to those who have been so long accustomed to the name of Concentrated Tinctures. The preparations are now identical and we are assured that they are the best of the class now offered to the practitioner.

The great want of reliable preparations has led us to particular care in the manufacture of this class of medicines. The assurance that are daily coming to us unasked is our encouragement for the course we have hitherto pursued in their manufacture.

They are made from recent and carefully selected crude material, and represent one ounce in the fluid ounce. The dose of each article will be found on the respective bottle.

	Per Fl. Ounc.
Aconite Leaves.....	1 40
do Root.....	1 00
Achillea Yarrow.....	1 25
Agropyron.....	1 20
Ambrosia Am. Ivy.....	1 20
Anthemum Chamomile.....	1 20
Apocynum.....	1 20
Aralia Root Spikenard.....	1 25
Arnica.....	1 50
Asclepias Tuberosa.....	1 40
do Incarnata.....	1 50
Naphtula Wild Indigo.....	1 40
Belladonna.....	2 25
Boragin.....	2 00
do Comp.....	3 00
Cassia Java Coffee.....	2 50
Cannabis Indica.....	2 00
Cannabis Sativa.....	1 50
Centaphyllum.....	1 50
Cypripedium.....	1 75
Conium Mac.....	1 40
Celastrus bark of root.....	1 25
Cimicifuga or Macrotis.....	1 40
Cinchona pale.....	1 00
do trina red.....	2 25
do Comp.....	2 50
Chenopodium Wormseed.....	1 40
Chelone Glab. Balmomy.....	1 25
Chimaphylla.....	1 20
Colchicum root.....	1 50
do seed.....	2 00
Coltsfoot.....	1 40
Corvus Florida.....	1 00
Corydalis Turkey Pea.....	2 00
Cuba.....	3 00
Cypripedium.....	1 50
Columba Foreign.....	1 40
do Am.....	1 25
Digitalis Fox Glove.....	1 50
Dioscorea Wild Yam.....	1 40
Dulcamara True Bittersweet.....	1 25
Ergoster Can. Fleabane.....	3 00
Ergoster Can. Fleabane.....	3 00
Ergoster Can. Fleabane.....	3 00
Eupatorium Perf. Boneset.....	1 25
Eupatorium Parvum.....	1 00
Fedia Mas. Male Fern.....	1 50
Gentiana.....	1 25
Gentiana Lutea.....	1 25
do Comp. U. S. P.....	1 25
Geranium Mac.....	1 25
Gossypium Cotton Root.....	3 00

## WM. AUTENRIETH,

Formerly 18 years with M. Wocher,  
SUCCESSOR TO W. Z. REES,

71 West Sixth St.,

bet. Walnut and Vine, CINCINNATI.

Manufacturer of

## Surgical and Orthopaedical INSTRUMENTS,

Abdominal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
No. 1 and Rubber Syringes, Stomach Pumps,  
etc. Bags, Medicine Cases, etc.

STOCKINGS FOR VARICOSE VEINS.

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

## MAX WOCHER & SON,

MANUFACTURER OF

## Surgical, Dental & Orthopaedical INSTRUMENTS.

Calling the attention of physicians to our  
extensive and most complete assortment  
of instruments, we beg to state that we shall  
maintain, with increased facilities, to add to  
us anything new and desirable which is  
warranted by authorities here and abroad,  
to satisfy all demands of the medical profession.  
Some of our goods are kept strictly uniform  
with those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
every respect.

### SPECIALTIES-

Trusses of every description.

Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
and for all other deformities, made to order,  
with all the latest improvements.

Electro-Medical Apparatus of various kinds,  
for physicians' office use.

Also a large variety of the most improved  
Abdominal Supporters, either elastic or with  
metal springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Dr. Dresser's Electro-Magnetic and Galvanic  
Batteries.

Doan's Uterine Supporters.

DeWitt's & Shurtleff's Atomizers.

Wells & Kidders, Magneto-Electric Machine.

Our Improved Splints, which we sell either in  
full sets or by single pieces.

On all above goods our price is the same as  
that of the manufacturers.

105 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



## A. JACKSON HOWE, M.D.

OFFICE, N. E. COR. FOURTH & MAIN.  
CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

## JOHN KING, M.D.

## OCULIST AND AURIST

138 Ninth Street. Cincinnati.

Office Hours from 9 A. M. to 3 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

## WM. H. DAVIS, M. D.

Springfield, Illinois,

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

## DR. J. M. SCUDDER,

228 COURT ST.

## EDWIN FREEMAN, M. D.

Office, corner Eighth and John sts.

CINCINNATI.

Special attention given to treatment of fis-  
tula, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

## PROF. Z. FREEMAN, M. D.

OFFICE, 280 WEST SIXTH STREET  
CINCINNATI.

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED.

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"

"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1873.

LITTLE BUT GOOD.

WARRANTED NOT TO RUN OFF AT THE BOWELS.

SENT BY MAIL FOR \$2.50.

**Caustic.**

Large Carbonate of Potash, in two	
bottles, per doz	\$2 00
Large Carbonate of Potash per lb	1 00

### Compound Powders.

Order of Jalap Comp. Beach's Anti-	P 175
Effusa Powder.....	\$1 50
Order of Ipecac and Opium Comp.	
Diaphoretic Powder.....	2 25
Order of Lobelia Comp. Emetic powder, 1 50	

Powder of Rhubarb Comp. Neutralizing Powder .....	2 00
Powder of Bayberry Comp. Composition Powder .....	40
Powder of Asclepias Comp. Morrow's Sweetening Powder .....	40
Powder of Tamarac Comp. Mixture for Bone's or Gin Bitters .....	60
Powder of Populus Comp. Thompson's Spices Bitters .....	50
Powder of Camfray Comp. Mixture for Restorative Wine Bitters .....	50
Powder of Deer's Horn, calcined-Buckhorn Styptic .....	1 00

## BOTANIC MEDICINES.

The following list of articles in various forms, with their prices, will enable the purchaser to make out his order, so that he may come very near the amount of Cash necessary to send. The Indigenous roots, herbs, barks, etc., are sold by us crude, sliced, crushed, ground, powdered and pulverized. We put up some of the pulverized articles in bottles for which we make an extra charge. We also pack them in papers of 1 lb., ½ lb., ¼ lb., adding the customary price for packing. Herbs, when wanted in quantities of several pounds in bulk will be charged lower than the quoted price, and in smaller papers than ½ lb, the extra price of cutting will be added. We warrant all our herbs as fresh and as neatly put up as those of any other house.

B.—Crud. signifies crushed or coarsely broken up. Grd., ground without sifting, suitable for mixing or infusion. Pds., unimpalpable or dusted powder. Pkd., packed or pressed in a package; when no such designation is added, the article is understood to be in crude or natural state.

[illegible]

<i>Nelladonna Ea.</i> ..dead Nightshade.....pkd 40	<i>Gallum, Aparine.</i> ..Clovers.....pkd 40
.....In bottles.....puly 60	<i>Gambogia.</i> ..Gum Gamboge.....puly 1 40
<i>Norago Off.</i> ..Norago.....pkd 30	<i>Gantheria Froe.</i> ..Spicy Wintergreen.....pkd 30
<i>Baptisia Tinctora.</i> ..Wild Indigo.....crshd 35	<i>Gentiana Lutea.</i> ..Gentian root.....grd 30
.....puly 30	.....puly 30
<i>Neraria Vul.</i> ..Barberry bark root.....pkd 40	....." <i>Catesbei.</i> ..Samp.....Snake root.....pkd 30
<i>Nerula Lenta.</i> ..Sweet Birch.....crshd 35	....." <i>Ochroleuca.</i> ..Am. Gentian.....pkd 30
<i>Calendula Os.</i> ..Marigold Flowers.....pkd 30	<i>Geranium Mac.</i> ..Cranesbill.....grd 30
<i>Cantharides.</i> ..Spanish Flies.....powd 2 35	.....puly 30
<i>Capitulum Afric.</i> ..At. Cayenne.....powd 30	<i>Geum Rivale.</i> ..Arans root.....pkd 30
<i>Carbo Lign.</i> ..prep. prepared charcoal.....35	<i>Gillenia Stip.</i> ..Ind. phys. Am. Ipecac.....pkd 30
<i>Carophyllus.</i> ..Flowers.....40	.....puly 30
.....puly 30	<i>Gelsemium Semp.</i> ..Y. Jessamine.....root 30
<i>Carthamus Tinc.</i> ..American Saffron.....1 23	<i>Glechoma.</i> ..Ground Ivy.....pkd 30
<i>Cardus Benedictus.</i> ..Blessed Thistle.....pk 40	<i>Gnaphalium.</i> ..Life Everlasting.....pkd 30
<i>Castia Maryland.</i> ..Ac. Sea Senna.....pkd 30	<i>Gossypium.</i> ..Cotton, bark of root.....pkd 30
<i>Calophyllum Th.</i> ..Blue Cohosh.....crshd 30	<i>Hamelia.</i> ..leaves, Witb. Hanc.....pkd 30
.....puly 30	.....puly 30
<i>Colastrus Scandens.</i> ..False Bittersweet.....40	<i>Heraclium Lanat.</i> ..Masterwort.....root 30
.....bark of root.....30	.....seed 30
<i>Ceanothos Am.</i> ..Jersey Tea.....bark root.....30	<i>Hellanthemum Can.</i> ..Rockrose.....30
<i>Cheledonium Majus.</i> ..garden cal.....root 30	<i>Hedeoma Pulegioid.</i> ..Pennyroyal.....pkd 30
<i>Chelone Glabra.</i> ..Balmory Herb.....pkd 35	<i>Helenia Dica.</i> ..Uncarn or Star root.....30
.....puly 35	.....puly 30
<i>Chenopodium Anth.</i> ..Wormseed.....seed 30	<i>Hepatica Amer.</i> ..Liverwort.....pkd 30
.....powd 30	<i>Humulus Lupulus.</i> ..Hops.....pkd 30
<i>Chimaphylla.</i> ..Princess Pine.....Pipsassa.....35	<i>Hydrangea.</i> ..Abores. Seven Barks.....crs 30
<i>Cinchona Pallida.</i> ..Loza barks.....puly 1 30	<i>Hydrastis Can.</i> ..Golden Seal.....grd 30
....." <i>Rubra.</i> ..True Red Barks.....puly 1 00	.....puly 30
....." <i>Calisaya.</i> ..Calisaya Barks.....puly 1 00	<i>Hyocyanus Niger.</i> ..Narbano.....pkd 40
.....The above are Powdered from Genuine Barks.....	.....puly 30
<i>Cinchona Carthage.</i> ..com. Yel. Bark.....60	<i>Hypericum Perf.</i> ..Johnswort.....pkd 30
<i>Collinsonia.</i> ..Stoneroot or Oxalis.....crshd 30	<i>Hyssopus Og.</i> ..Hyssop.....pkd 30
<i>Columba.</i> ..Coe. Pal. Columbo.....crshd 30	<i>Ictioles Fendia.</i> ..Skunk Cabbage.....pkd 30
<i>Columba.</i> ..Coe. Pal. Columbo.....puly 40	.....puly 30
<i>Comptonia Asp.</i> ..Sweet Fern.....pkd 30	<i>Impatiens Pallida.</i> ..Jewel Weed or Wild.....30
<i>Conium Mac.</i> ..Poison Hemlock.....pkd 35	.....Celandine.....pkd 30
<i>Convallaria.</i> ..Large Solomon Seal.....40	<i>Inula Helenium.</i> ..Elecampane.....grd 30
<i>Convolvulus Parda.</i> ..Man in Earth.....or 30	.....puly 30
<i>Coruus Florida.</i> ..Dogwood.....grd 30	<i>Ipecacuanha.</i> ..Brazil Ipecac, pure.....puly 1 30
.....puly 30	<i>Ipomoea Jalapa.</i> ..Jalap.....puly 30
<i>Cornus Sericea.</i> ..Swamp Dogwood.....bark 30	<i>Iris Versicolor.</i> ..Blus Flag.....crshd 30
<i>Coptis Trifolia.</i> ..Gold Thread.....pkd 1 00	.....puly 30
<i>Coriandrum.</i> ..Coriander seed.....30	<i>Jeffersonia Dyphylla.</i> ..Twinkle.....grd 30
.....powd 35	.....puly 30
<i>Corydalis Formosa.</i> ..Turkey Pen.....30	<i>Juglans Cinerea.</i> ..Butternut.....bark root.....30
.....powd 30	<i>Juniperus Salina.</i> ..Salin leaves.....puly 30
<i>Cochlearia Os.</i> ..Horseradish.....root dry 35	....." <i>Common.</i> ..Eae. Juniper Ber.....15
<i>Cubeba Bacca.</i> ..Cubeb berries.....powd 60	<i>Kalmia Latifolia.</i> ..Broadleaf Laurel.....pkd 30
<i>Cuc. Colocynthis.</i> ..Col. Apple.....powd 1 00	<i>Lactuca Eryngata.</i> ..Wild Lettuce.....pkd 30
.....pure pulp without seeds.....puly 3 00	<i>Lactuca.</i> .....Garden Lettuce.....pkd 30
<i>Cuscuta Mariana.</i> ..Dittany.....pkd 40	<i>Lappa Major.</i> ..Hurdock root.....crshd 30
<i>Cynoglossum.</i> ..Hound's Tongue.....root 30	.....seed.....30
<i>Cypripedium.</i> ..Ladies Slipper.....grd 40	<i>Laurus Benzoin.</i> ..Spice Bush.....twig 30
.....puly 60	....." <i>Masafra.</i> ..Sassafras.....bark root 30
<i>Delphinium Concol.</i> ..Larkspur.....seed 1 30	.....".....puly 30
<i>Digitalis Purpurea.</i> ..Foxglove.....pkd 40	....." <i>Medulla.</i> ..Sax. Pth. us.....puly 30
.....puly 50	<i>Leptandra Vir.</i> ..Culver or Black root.....puly 30
<i>Dioscorea Vil.</i> ..Wild Yam.....crushed 35	<i>Liatris Spicata.</i> ..Button Snake root.....puly 30
<i>Diosma Crenata.</i> ..Ruchus leaves.....40	<i>Leonurus Carl.</i> ..Motherwort.....puly 30
<i>Diopisyrus Vir.</i> ..Perdimmion.....bark 30	<i>Ligusticum.</i> ..Lavage or Smellage.....pkd 30
<i>Duroc Palustris.</i> ..Lambertwood bark.....30	<i>Ligustrum.</i> ..Prim or Privet.....pkd 30
<i>Dulcamara.</i> ..True Bittersweet.....twigs 35	<i>Linum Catist.</i> ..Flaxseed.....grd 15
<i>Eupora Repens.</i> ..Gravel Plant.....pkd 40	<i>Liquidambar.</i> ..Sweet Gum.....bark 30
<i>Euphrasius Vir.</i> ..Beach Drop.....crshd 30	<i>Liriodendron.</i> ..Tulip tree or Yel. Pop.....bark 30
<i>Ergota.</i> ..Spurred Rye.....in bols.....puly 1 30	.....of large roots.....grd 15
<i>Ergot.</i> ..fresh.....1 00	<i>Lobelia Inflata.</i> ..Herb.....pkd 30
<i>Erechtites.</i> ..Fireweed.....pkd 35	.....puly 30
<i>Eriogonum Can.</i> ..Canada Fleabane.....pkd 35	<i>Lobelia Sem.</i> ..Lobelia seed.....pkd 30
<i>Eryngium Aquatic.</i> ..Cern Snake root.....60	.....powd 30
<i>Euonymus.</i> ..Wahoo.....bark of root.....10	<i>Lobelia Cardinalis.</i> ..Card. Flower.....pkd 30
.....puly 30	....." <i>Syphilitica.</i> ..Blue Cardinal.....pkd 30
<i>Eupatorium Persill.</i> ..Boneset.....pkd 30	<i>Lupuline.</i> ..from Hops, per or 10.....1 30
....." <i>Ferpur.</i> ..Queen Meadow.....crshd 35	<i>Lycopus Virginicus.</i> ..Sweet Bugle.....pkd 30
.....".....puly 40	<i>Lycopus Europe.</i> ..Wat. Houndhound.....pkd 30
....." <i>Arom.</i> ..White Snake root.....30	<i>Macrotis.</i> ..Racem.....Black Cohosh.....puly 30
....." <i>Agrioides.</i> ..White Hancle.....35	<i>Marubium Vul.</i> ..Horsehoand.....pkd 30
<i>Euphorbia Ipec.</i> ..Spurg Ipecac.....puly 40	<i>Melissa Off.</i> ..Lemon Balm.....pkd 30
<i>Epithelium Pal.</i> .....30	<i>Mniapermum Can.</i> ..Yel. Farfilla.....crshd 30
<i>Erigeron Carol.</i> ..Am. Columbo.....grd 25	<i>Mitchella Repens.</i> ..Partridgeberry vine.....pkd 30
.....puly 35	
<i>Fraxinus Acumina.</i> ..White Ash Bark.....35	
<i>Fraxinus Sambuc.</i> ..Black ash.....35	

	PER ACR.	PER ACR.
Alternative Syrup.....	\$3.00	\$3.75
Conventional Syrup.....	3.00	4.00
Succinylated Syrup.....	3.00	4.00
Syrup Hollander.....	3.00	4.00
Syrup Mitchell Rep. Comp.....	3.00	4.00
Simple Syrup Bissinger, nat. ....	per lbs.	\$12.00
do do	per gallon	4.00

The Simple Syrup Effling's is one of the best and safest articles for all bronchial and throat affections.

Comp. Syrup Sillington, pt. test. per doz. \$9 50  
do do per gallon. 4 00

We also make to within the strength of the formula of the Eucodol Dispensatory, which we sell at 25¢ per gallon, or \$8.40 per dozen pint bottles.

	PER 1A	PER 2A
Agrop	Insulide lentu	30 00
00	Bquila	30 00
00	comp	30 00
00	Immunizante	75 00
00	Fluorbet. atom	75 00
00	Rinaga	75 00

Concom. Nast. Cardial, per gul.....	64	00
"              "              per doz. ut. linc.....	8	00

We use the best brandy and select Rhubarb, and make of full strength. It is the best preparation of the bowels of any article known to the profession.

Avesius Enelle, 34 per doz., 34 per callum.

As a stimulant-smooth it is to be preferred to all others. For formula and use, see *Scientific Dispensary*.

Restorative Wine Bitters, per bottle.....	\$1 00
" " " "	7 00

do	do	per doz.	1 00
do	do	per gal.	1 70

Made after French's formula with mod. Mat.

Make aliq. peach formula with good Mal-  
aga or Burgundy wine.

Compound Gun Hitters, per unit.....	01 00
do do per doz.....	1 00
do do per doz.....	1 00

do do per gal ..... 4 00  
Made after Beach's formula for old Dr.  
Harris's Blended and is found to be the best

None's better, and is four times the strength directed by the original receipt.

**Dr. Thorp's Balsam of Life**

It is now more than fifteen years since Dr. Thorp first introduced this preparation to the profession, since which time it has been used by a large number of our best physicians for the cure of pulmonary affections; and from the great reputation it has gained, we confidently recommend it as one of the best remedies known for all cases of stubborn cough, where there is little or no expectoration; also for Asthma, Croup, Whooping-Cough, Bronchitis, and as a general expectorant. It is composed of Comp. Tinct. Myrrh, Anise, Camphor, Lobelia, Sassafras, Squilla, Peppermint, Balm Gd. Od. Price per doz. \$7.00, per gallon \$4.00.

**Merrell's Blackberry Anodyne.**

The formula for this celebrated article, got up by H. M. MERRILL, was given to the profession some six years ago, and many physicians after full trial, give it their unqualified approval. We invite the attention of the com-

The systems are directly central, of uniform  
size, made of two bars, vertical, and by  
means of apparatus. We also guarantee  
the quality of preparation, and we warrant  
the life of the system.

# FOREIGN DRUGS AND CHEMICALS.

For the accommodation of many of our customers, we keep a full assortment of Foreign Medicines and Chemicals. The following list of prices, subject to the fluctuation of the market, will be found advantageous, by enabling the purchaser to make a proper selection.

Acid Acetic No. 2.....	per lb.	50
Pyrologenic.....	"	50
Hydrozoic.....	per oz.	40
Citric.....	per lb.	40
Tartaric.....	per oz.	10
Arsenious, pure.....	"	10
Galliovanic U. S.....	"	25
Hypophosphorus.....	"	40
Lactic, concentrated.....	"	1 25
Muriatic.....	per lb.	50
do C. P.....	"	60
Nitric, 41°.....	"	30
do C. P.....	"	60
Nitrate Muriatic, C. P.....	"	50
Oxalic.....	"	50
Phosphoric Glacial.....	per oz.	25
do Dilute.....	per lb.	60
Pyrogallic.....	per oz.	1 00
Sulphuric.....	per lb.	50
do C. P.....	"	50
Agaric.....	per lb.	1 00
Alum.....	"	10
Ammonia Aqua, strong.....	"	10
Spirits Aromatic.....	"	60
Carbonate.....	"	30
Chlorate.....	"	30
Valerianate.....	per oz.	1 25
do Elkar.....	per lb.	1 25
Ammon Bromide.....	per oz.	60
do Iodide.....	"	60
Antimony Tartrate, pure.....	per lb.	1 40
Wine of.....	"	1 00
Arrow Root, Bermuda.....	"	65
do Jamaica.....	"	40
Arsenic.....	per lb.	15
do Fowler's Solution.....	"	35
do Donovan's.....	"	60
Bismuth Sub Carb.....	per oz.	35
do Ammon. Cit. Sol.....	per lb.	75
Blue Mass.....	"	1 00
Balsam Capivi, pure.....	"	1 20
do Eli.....	"	75
do Tolu.....	"	1 25
do Peru.....	per oz.	30
Bichloride Sulph.....	"	75
Bismuth Subnitrate.....	"	25
Blistering Tissue, Brown's.....	per can	7 00
Borax, refined.....	per lb.	35
Burgundy Pitch.....	"	25
Boxea Full, nested paper.....	"	50
do wood.....	"	50
do 1/2 oz. Tin.....	per doz.	30
do 1 oz.....	"	25
Campbur.....	per lb.	50
Calomel.....	"	1 00
do Hydro. sublimed in 1 lb. bots.....	"	1 80
Cantharides.....	per lb.	2 25
do pulv.....	"	2 00
Capsules, Copaliva, No. 1.....	per doz.	1 60
do No. 2.....	"	1 60
Cassia, (Cinnamon).....	per lb.	50
do powdered.....	"	60
do buds.....	"	1 20
Caster, Russia.....	per oz.	60
Chalk, common.....	per lb.	10
do prepared.....	"	30
do precipitated.....	"	40
Caster in the shell.....	per oz.	25
Chloroform, bottle extra, Chem. pure.....	"	1 40
Chinoline.....	per oz.	10
Cinchona Sulph.....	"	50
Chloral Hydrat.....	"	20

Colloidal.....	per lb.	1 00
do bottles.....	per doz.	10
Cocculus Indicus.....	per lb.	10
Copperas.....	"	20
Copper Sulphate.....	"	20
Corrosive Sublimat.....	"	20
Cowage Down.....	per oz.	10
Cream Tartar.....	per lb.	10
do crystals.....	"	10
Corks, Vial, taper, No. 1.....	per gross	10
do No. 2.....	"	10
do No. 3.....	"	10
do assorted, 1 in 8.....	"	10
do Pint bottle.....	"	10
do Quart.....	"	10
Court Plaster.....	per doz.	10
do Elm.....	"	10
do Birch of Spruce, McMunn's.....	per doz.	10
do Elixir Salts.....	per lb.	10
do Nitrous (Spirita nit dulcor).....	"	10
do Sulphuric.....	"	10
do Concentrated.....	"	10
Empty Capsules, No. 2.....	per doz.	10
do No. 1.....	"	10
Ess. Jam Ginger.....	per doz.	10
Fumigating Pastiles, Box.....	each	10
do Lamps.....	per lb.	10
Galls, Myrs, 50 lbs. pulv.....	per gal.	10
Gla. Genuine Holland.....	per gal.	10
Gumbe, resin.....	per lb.	10
do Wood, ground.....	"	10
Gelatine, select white.....	"	10
do do red.....	"	10
do Cor's.....	per doz.	10
Globe Com.....	per lb.	10
do White.....	"	10
Gold Chloride, 15 gr. fluid.....	per bot.	10
do And Soda Chloride, 30 grs.....	"	10
Guanine Res.....	per lb.	10
Glycerine, pure, hydrous.....	per lb.	10
do No. 1.....	per gal.	10
Gum Arabic, White, selected.....	per lb.	10
do No. 2.....	"	10
do Gallium, selected.....	"	10
do Ammoniac.....	"	10
do Asafetida.....	"	10
do powdered, pure.....	"	10
do Benzoin.....	"	10
do Tragacanth, common.....	"	10
do strict white.....	"	10
do Resin Hemlock.....	"	10
Hydrag Chin Creta.....	per doz.	10
Harlem oil, genuine.....	per doz.	10
Hypophosphite Potassa.....	per oz.	10
do Ammon.....	"	10
do Iron.....	"	10
do Lith.....	"	10
do Quinin.....	"	10
do Soda.....	"	10
do Magnesia.....	"	10
Iodine, resublimed.....	per oz.	10
Iron by Hydrogen.....	"	10
do Carbonate, precipitate.....	per lb.	10
do Proto Carbonate, Valer's mass.....	"	10
do Citrate soluble.....	per oz.	10
do Ferro Cyandide, pure.....	per lb.	10
do Tonic vials.....	per oz.	10
Hydrated Per Oxide.....	per lb.	10
Sulphate, pure.....	"	10
Strychnia Citrate.....	per oz.	10
Solution, purit.....	per lb.	10
do Phosphate.....	"	10
do Pyrophosphate.....	per oz.	10
Quina Citrate.....	"	10
Persulph. (Monela).....	"	10

# PRICE LIST OF H. M. MERRELL & Co.

Amalgam, Soluble.....	per oz.	20	Oil Rose.....	dr. 1.00 to 2.00		
Amalgam, Soluble.....	per oz.	20	Seneca.....	per lb.	25	
Amalgam, Soluble.....	per lb.	20	Spice.....	do	25	
Amalgam, Soluble.....	per oz.	25	Tobacco.....	per oz.	60	
Amalgam, Soluble.....	do	35	Wormwood.....	do	40	
Amalgam, Soluble.....	per lb.	60	Ointment, Mercurial, half Mer.....	per lb.	40	
Amalgam, Soluble.....	do	75	Ointment, Mercurial, third Mer.....	per lb.	40	
Amalgam, Soluble.....	do	50	all others of U. S. Dispens.....			
Amalgam, Soluble.....	per oz.	35	Opium, per ounce.....	70		
Amalgam, Soluble.....	do	35	Opium, pure.....	do	70	
Amalgam, Soluble.....	per lb.	20	Elixir, McMurdo.....	per doz.	60	
Amalgam, Soluble.....	per lb.	20	Orange peel, ground.....	per lb.	20	
Amalgam, Soluble.....	per lb.	30	Orris root.....	do	25	
Amalgam, Soluble.....	per oz.	50	Pepsin, Haughton's.....	dr. per oz.	90	
Amalgam, Soluble.....	per lb.	50	do.....	liquid	do	90
Amalgam, Soluble.....	per lb.	50	Pomegranate Peel.....	per lb.	75	
Amalgam, Soluble.....	per lb.	50	Potassa, Liquor, U. S.....	do	40	
Amalgam, Soluble.....	per lb.	50	Arseate, Fowler's Sol.....	do	35	
Amalgam, Soluble.....	per lb.	50	Citrate.....	do	1.50	
Amalgam, Soluble.....	per lb.	50	Sulphate.....	do	75	
Amalgam, Soluble.....	per lb.	50	Bisulph.....	do	1.50	
Amalgam, Soluble.....	per lb.	50	Piperine.....	per oz.	25	
Amalgam, Soluble.....	per lb.	50	Plaster, adhesive, spread.....	per sq. ft.	40	
Amalgam, Soluble.....	per lb.	50	all the official kinds in roll,			
Amalgam, Soluble.....	per lb.	50	or spread on skin.....			
Amalgam, Soluble.....	per lb.	50	Saling glass, roll.....	per sq. ft.	60	
Amalgam, Soluble.....	per lb.	50	Potash, Caustic, white.....	per lb.	70	
Amalgam, Soluble.....	per lb.	50	Acetate.....	do	60	
Amalgam, Soluble.....	per lb.	50	Carbonate, Salts, Tart.....	do	25	
Amalgam, Soluble.....	per lb.	50	Bi Carbonate, Crystals.....	do	30	
Amalgam, Soluble.....	per lb.	50	Nitrate, Saltpetre, ref. pure.....	do	50	
Amalgam, Soluble.....	per lb.	50	Chlorate.....	do	25	
Amalgam, Soluble.....	per lb.	50	Sulphate, pure.....	per lb.	1.00	
Amalgam, Soluble.....	per lb.	50	Potash Chlor, chem pure.....	per lb.	70	
Amalgam, Soluble.....	per lb.	50	Potash, Bromide.....	do	35	
Amalgam, Soluble.....	per lb.	50	Iodide.....	do	30	
Amalgam, Soluble.....	per lb.	50	Permanganate.....	per doz.	60	
Amalgam, Soluble.....	per lb.	50	Powders, Sediment.....	do	2.00	
Amalgam, Soluble.....	per lb.	50	Soda.....	per lb.	1.00	
Amalgam, Soluble.....	per lb.	50	Quassia, Rasped.....	per lb.	1.00	
Amalgam, Soluble.....	per lb.	50	Quinine, Su. powers, Weightman's.....	per lb.	1.00	
Amalgam, Soluble.....	per lb.	50	Valerianate.....	per lb.	1.00	
Amalgam, Soluble.....	per lb.	50	Real Precipitate.....	per lb.	1.00	
Amalgam, Soluble.....	per lb.	50	Rhubarb root, India.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	do.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	Rhubarb, Turkey.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	Salicinate.....	per oz.	50	
Amalgam, Soluble.....	per lb.	50	Salicine.....	do	50	
Amalgam, Soluble.....	per lb.	50	Santonine.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	Scammony Virgin.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	Seed, Anise.....	per lb.	40	
Amalgam, Soluble.....	per lb.	50	Caraway.....	do	40	
Amalgam, Soluble.....	per lb.	50	Fennel.....	do	40	
Amalgam, Soluble.....	per lb.	50	Frangula.....	do	30	
Amalgam, Soluble.....	per lb.	50	do.....	do	30	
Amalgam, Soluble.....	per lb.	50	Cardamom.....	do	3.00	
Amalgam, Soluble.....	per lb.	50	Coriander.....	do	30	
Amalgam, Soluble.....	per lb.	50	Silver, Nitrate.....	per oz.	1.00	
Amalgam, Soluble.....	per lb.	50	Lunar, Crystals.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	Silver Nitrate, No. 1497 per c. silv.....	do	1.00	
Amalgam, Soluble.....	per lb.	50	Soap, Castile, pure.....	per lb.	3	
Amalgam, Soluble.....	per lb.	50	Soda, Carbonate, sal. soda.....	per doz.	2.50	
Amalgam, Soluble.....	per lb.	50	Chlor Sol. Labarques.....	per lb.	10	
Amalgam, Soluble.....	per lb.	50	Soda Bicarb.....	do	60	
Amalgam, Soluble.....	per lb.	50	Sulphate.....	do	20	
Amalgam, Soluble.....	per lb.	50	Hyposulphite.....	do	60	
Amalgam, Soluble.....	per lb.	50	Sulphate.....	do	60	
Amalgam, Soluble.....	per lb.	50	Phosphate.....	do	2.00	
Amalgam, Soluble.....	per lb.	50	Bisulphite.....	do	75	
Amalgam, Soluble.....	per lb.	50	Spermaceti.....	do	2.00 to 4.00	
Amalgam, Soluble.....	per lb.	50	Sponges all kinds.....	do	50	
Amalgam, Soluble.....	per lb.	50	Styrolia, Crystals.....	per lb.	10	
Amalgam, Soluble.....	per lb.	50	Sugar Milk, pure.....	do	10	
Amalgam, Soluble.....	per lb.	50	Sulphur Roll.....	do	15	
Amalgam, Soluble.....	per lb.	50	Sublimed.....	do	15	
Amalgam, Soluble.....	per lb.	50	Vinum.....	do	60	
Amalgam, Soluble.....	per lb.	50	Precipitated.....	do	60	
Amalgam, Soluble.....	per lb.	50	Syrup Hypophosphites.....	per lb.	75	
Amalgam, Soluble.....	per lb.	50	Phosphates, Com.....	do	25	
Amalgam, Soluble.....	per lb.	50	Tapioca.....	do	25	
Amalgam, Soluble.....	per lb.	50	Tannin.....	per oz.	25	
Amalgam, Soluble.....	per lb.	50	Vaccine Virus Scabies.....	do	25	
Amalgam, Soluble.....	per lb.	50	Wax, White.....	per lb.	25	
Amalgam, Soluble.....	per lb.	50	Wax or Myrtle.....	do	60	
Amalgam, Soluble.....	per lb.	50	Wine, Malaga.....	per gal.	2.00	



Black, half pint	75
do 4 quart	1 25
do, turned, 5 gal	1 25
do do 1 gal	1 25
Apocynaceae, 1 lb	1 25
do 2 lb	1 25
do standard	6 50
do nov. pair	7 00
do 12 inches per inch	8 00
Black, brass, 24 lbs	8 00
do 18 lbs	8 00
do 12 lbs	8 00
do 6 lbs	8 00
do 3 lbs	8 00
do 1 lb	8 00
do 1/2 lb	8 00
do 1/4 lb	8 00
do 1/8 lb	8 00
do 1/16 lb	8 00
do 1/32 lb	8 00
do 1/64 lb	8 00
do 1/128 lb	8 00
do 1/256 lb	8 00
do 1/512 lb	8 00
do 1/1024 lb	8 00
do 1/2048 lb	8 00
do 1/4096 lb	8 00
do 1/8192 lb	8 00
do 1/16384 lb	8 00
do 1/32768 lb	8 00
do 1/65536 lb	8 00
do 1/131072 lb	8 00
do 1/262144 lb	8 00
do 1/524288 lb	8 00
do 1/1048576 lb	8 00
do 1/2097152 lb	8 00
do 1/4194304 lb	8 00
do 1/8388608 lb	8 00
do 1/16777216 lb	8 00
do 1/33554432 lb	8 00
do 1/67108864 lb	8 00
do 1/134217728 lb	8 00
do 1/268435456 lb	8 00
do 1/536870912 lb	8 00
do 1/1073741824 lb	8 00
do 1/2147483648 lb	8 00
do 1/4294967296 lb	8 00
do 1/8589934592 lb	8 00
do 1/17179869184 lb	8 00
do 1/34359738368 lb	8 00
do 1/68719476736 lb	8 00
do 1/137438953472 lb	8 00
do 1/274877906944 lb	8 00
do 1/549755813888 lb	8 00
do 1/1099511627776 lb	8 00
do 1/2199023255552 lb	8 00
do 1/4398046511104 lb	8 00
do 1/8796093022208 lb	8 00
do 1/17592186044416 lb	8 00
do 1/35184372088832 lb	8 00
do 1/70368744177664 lb	8 00
do 1/140737488355328 lb	8 00
do 1/281474976710656 lb	8 00
do 1/562949953421312 lb	8 00
do 1/1125899906842624 lb	8 00
do 1/2251799813685248 lb	8 00
do 1/4503599627370496 lb	8 00
do 1/9007199254740992 lb	8 00
do 1/18014398509481984 lb	8 00
do 1/36028797018963968 lb	8 00
do 1/72057594037927936 lb	8 00
do 1/144115188075855872 lb	8 00
do 1/288230376151711744 lb	8 00
do 1/576460752303423488 lb	8 00
do 1/1152921504606846976 lb	8 00
do 1/2305843009213693952 lb	8 00
do 1/4611686018427387904 lb	8 00
do 1/9223372036854775808 lb	8 00
do 1/18446744073709551616 lb	8 00
do 1/36893488147419103232 lb	8 00
do 1/73786976294838206464 lb	8 00
do 1/147573952589676412928 lb	8 00
do 1/295147905179352825856 lb	8 00
do 1/590295810358705651712 lb	8 00
do 1/1180591620717411303424 lb	8 00
do 1/2361183241434822606848 lb	8 00
do 1/4722366482869645213696 lb	8 00
do 1/9444732965739290427392 lb	8 00
do 1/18889465931478580854784 lb	8 00
do 1/37778931862957161709568 lb	8 00
do 1/75557863725914323419136 lb	8 00
do 1/151115727451828646838272 lb	8 00
do 1/302231454903657293676544 lb	8 00
do 1/604462909807314587353088 lb	8 00
do 1/1208925819614629174706176 lb	8 00
do 1/2417851639229258349412352 lb	8 00
do 1/4835703278458516698824704 lb	8 00
do 1/9671406556917033397649408 lb	8 00
do 1/19342813113834066795298816 lb	8 00
do 1/38685626227668133590597632 lb	8 00
do 1/77371252455336267181195264 lb	8 00
do 1/154742504910672534362390528 lb	8 00
do 1/309485009821345068724781056 lb	

## SURGICAL INSTRUMENTS

### LEVOTYALING AND TRUXPHANING.

1. Boat ..... \$3.00  
 2. Boat ..... \$3.00  
 3. Boat ..... \$3.00  
 4. Boat ..... \$3.00  
 5. Boat ..... \$3.00  
 6. Boat ..... \$3.00  
 7. Boat ..... \$3.00  
 8. Boat ..... \$3.00  
 9. Boat ..... \$3.00  
 10. Boat ..... \$3.00  
 11. Boat ..... \$3.00  
 12. Boat ..... \$3.00  
 13. Boat ..... \$3.00  
 14. Boat ..... \$3.00  
 15. Boat ..... \$3.00  
 16. Boat ..... \$3.00  
 17. Boat ..... \$3.00  
 18. Boat ..... \$3.00  
 19. Boat ..... \$3.00  
 20. Boat ..... \$3.00  
 21. Boat ..... \$3.00  
 22. Boat ..... \$3.00  
 23. Boat ..... \$3.00  
 24. Boat ..... \$3.00  
 25. Boat ..... \$3.00  
 26. Boat ..... \$3.00  
 27. Boat ..... \$3.00  
 28. Boat ..... \$3.00  
 29. Boat ..... \$3.00  
 30. Boat ..... \$3.00  
 31. Boat ..... \$3.00  
 32. Boat ..... \$3.00  
 33. Boat ..... \$3.00  
 34. Boat ..... \$3.00  
 35. Boat ..... \$3.00  
 36. Boat ..... \$3.00  
 37. Boat ..... \$3.00  
 38. Boat ..... \$3.00  
 39. Boat ..... \$3.00  
 40. Boat ..... \$3.00  
 41. Boat ..... \$3.00  
 42. Boat ..... \$3.00  
 43. Boat ..... \$3.00  
 44. Boat ..... \$3.00  
 45. Boat ..... \$3.00  
 46. Boat ..... \$3.00  
 47. Boat ..... \$3.00  
 48. Boat ..... \$3.00  
 49. Boat ..... \$3.00  
 50. Boat ..... \$3.00  
 51. Boat ..... \$3.00  
 52. Boat ..... \$3.00  
 53. Boat ..... \$3.00  
 54. Boat ..... \$3.00  
 55. Boat ..... \$3.00  
 56. Boat ..... \$3.00  
 57. Boat ..... \$3.00  
 58. Boat ..... \$3.00  
 59. Boat ..... \$3.00  
 60. Boat ..... \$3.00  
 61. Boat ..... \$3.00  
 62. Boat ..... \$3.00  
 63. Boat ..... \$3.00  
 64. Boat ..... \$3.00  
 65. Boat ..... \$3.00  
 66. Boat ..... \$3.00  
 67. Boat ..... \$3.00  
 68. Boat ..... \$3.00  
 69. Boat ..... \$3.00  
 70. Boat ..... \$3.00  
 71. Boat ..... \$3.00  
 72. Boat ..... \$3.00  
 73. Boat ..... \$3.00  
 74. Boat ..... \$3.00  
 75. Boat ..... \$3.00  
 76. Boat ..... \$3.00  
 77. Boat ..... \$3.00  
 78. Boat ..... \$3.00  
 79. Boat ..... \$3.00  
 80. Boat ..... \$3.00  
 81. Boat ..... \$3.00  
 82. Boat ..... \$3.00  
 83. Boat ..... \$3.00  
 84. Boat ..... \$3.00  
 85. Boat ..... \$3.00  
 86. Boat ..... \$3.00  
 87. Boat ..... \$3.00  
 88. Boat ..... \$3.00  
 89. Boat ..... \$3.00  
 90. Boat ..... \$3.00  
 91. Boat ..... \$3.00  
 92. Boat ..... \$3.00  
 93. Boat ..... \$3.00  
 94. Boat ..... \$3.00  
 95. Boat ..... \$3.00  
 96. Boat ..... \$3.00  
 97. Boat ..... \$3.00  
 98. Boat ..... \$3.00  
 99. Boat ..... \$3.00  
 100. Boat ..... \$3.00

## AMPUTATING

Submarine Case	25 00
General Insurance	
General Marine	4 80
General	3 00
General	3 00
General	4 50
General	3 00

## TKX-1115154

Case	10 00
1st	3 50
2nd	1 00
3rd	1 75
4th	1 00

## EYE INSTRUMENTS

Pipe & Instruments, Ivory Handles.....	14 00
Flute.....	1 50
Clarinet.....	8 50
Saxophone.....	1 00
Trumpet.....	1 75
Organ.....	1 00

## OPTICAL INSTRUMENTS

1. <b>Copy of Davis' Forearms</b>	8.00
2. <b>Forearm</b>	8.00
3. <b>Forearm</b>	4.50
4. <b>Forearm</b>	3.75
5. <b>Forearm</b>	3.00
6. <b>Forearm and Groceries</b>	1.00
7. <b>Forearm Case with plates</b>	10.00

## POCKET INSTRUMENTS.

Compact Double Instruments, Prof. Gresh.	32	00
do Shell Handle.	20	00
do Uccia do	16	00
4 Fold, with double Catheter.	25	40
4 Fold, with single Catheter.	14	00
3 Fold, with combined Catheter.	19	00
2 Fold, with single Catheter.	11	00
2 Fold, without Catheter.	8	25
4 Fold, with double Catheter, German- nate style.	13	00
4 Fold, double Instruments, Shell Handle, Prof. Howe.	17	00
6 Fold, shell handle.	19	00

### TOOTH FORCEPS

Fine.....	1 75 to 2 00
Tooth Keys.....	2 00 to 2 50

## HYPODERMIC SYRINGES

Glass, improved, 2 tubes, gilt	4 00
do do plain	2 00
Rubber, 2 tubes, plain	8 00
do 1 tube, plain	1 00

## MISCELLANEOUS.

Dissecting Cases, full	00
do do small	10
Single Scalpel	10
Single Forceps	10
Single bistoury	10
Single Thumb Lancet	75
Single Gum Laxet	75
Single Abscess Laxet	75
Cupping Case	60
do do with Serricator	70
Single Serricator	70
Tongue Depressors, silver plated	30
do do German Silver	30
Palmer's Battery	10 00
Kidder's Battery, Electro Magnetic	11 00
Foster's Battery, double current	12 00
Nasal Douche improved	1 00
Trocar and Cannula	1 75
Fever Thermometer	2 50
Fever Thermometer self Registering	3 00
Altimeters, Cassin's & Shurley	6 00
do Hand bulb	3 00
Dr. Morrill's Vaginal Irrigator	75

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

We are the Agents for Doctor  
**BROWN'S RENOVATOR**, an Instru-  
ment for the treatment of disease, by  
Acupuncture and Counter irritation.  
Prices for full set, comprising Instru-  
ment, Book and Medicines \$12.00.

# We are the Agents for the following Celebrated Pharmaceutic Dragees and Granules

TOGETHER WITH THE  
Pills of the U. S. Pharmacopœia, and by eminent Medical Practitioners  
WITH THE FORMULA APPENDED.

**MANUFACTURED BY WILLIAM R. WARNER & CO.**

Which we offer to the trade and to the profession at their lowest rates

	100	500		100	500
ALOES, U. S. P.—Pulv. aloes socot. 2 grs.; pulv. saponis 2 grs.	30	\$1 50	EMMENAGOGUE.—Ergotine 1 gr.; ext. bellad. nig. 1 gr.; sacchar. alumin. 1 gr.; ferri sul. 1 gr.; oil calina 1 gr.		
ALOES ET ASSAFET.—Pulv. aloes socot. 1½ grs.; assafoetida 1½ grs.; pulv. saponis 1½ grs.	40	1 75	FEL. BOVINUM.—Ox. gall 2 grs.; pulv. Jamaica ginger 1 gr.		
ALOES ET FERRI.—Pulv. aloes socot. ¼ gr.; pulv. singh jam. 1 gr.; fer. sulph. exsicc. 1 gr.; ext. canth. ¼ gr.	40	1 75	FERRI, (Quercenae) 1 gr.		
ALOES ET MASTIC.—See pill stomachic.			" OABR. (Valeriana) U. S. P.		
ALOES ET MYRRHÆ, U. S. P.—Pulv. aloes socot. 2 grs.; pulv. Myrrh. 1 gr.; root stigmal. ½ gr.	40	2 25	" CITRAT 2 grs.		
ALTERNATIVE.—Masa. hydra. 1 gr.; pulv. opii ¼ gr.; pulv. ipecac. ¼ gr.	50	2 25	" COMP. U. S. P.		
AMMON. BROMID. 1 gr.	75	8 50	" IODID. 1 gr.		
ANDERSON'S SODS.	40	1 75	" LACTAT 1 gr.		
ANTI-BILIOUS (vegetable).—Pulv. ext. coloc. C. 2½ grs.; podol. ¼ gr.	70	3 25	" PHOSPHOR. 1 gr.		
ANTI-CHILL.—Chinoidine, 1 gr.; fer. ferrocyan. 2 grs.; oil pepper 1 gr.; arsenic. 1-20 gr.	80	5 75	" ET QUAS.—Fer. per hydrat. 1½ grs.; ext. quassia 1 gr.; ext. nux. vom. ¼ gr.; pulv. saponis ¼ gr.		
ANTIMONI COMP. U. S. P.—See pill plummer.	40	1 75	FERRI ET QUIN. OIL 1 gr.		
APERIENT.—Ext. nuc. vom. ¼ gr.; pulv. hyocyan. ¼ gr.; pulv. coloc. C. 2 grs.	85	4 00	" ET STYCHONIA.—strych. 1-60 gr.; fer. per hydrat. (Quercenae) 1 gr.		
ASSAFETIDA, U. S. P.	40	1 75	FERRI ET STYCHONIA CIT.—strych. ext. 1-60 gr.; ferri cit. 1 gr.		
BISMUTH. Subnit. 3 grs.	40	1 75	GAMBOGIE COMP.—Pulv. gamboge; pulv. aloes socot.; pulv. singh jam.; saponis.		
" Subcarb. 3 grs.	75	3 50	GENT. COMP.—Ext. gent. ¼ gr.; aloes socot. ½ gr.; pulv. rhai 1½ grs.; oil castor. 1-2 gr.		
" and gnatis.—Bismuth subcarb. 4 grs.; ext. Ignatia sinuata ¼ gr.	75	3 50	GONORRHOEA.—Pulv. cubeba 2 grs.; bals. copaib. solid. 1 gr.; ferri sulph. exsicc. 1 gr.; terubith. venet. 1 gr.		
CALOMEL. ¼ gr., 1, 2, and 3.	50	7 25	HEPATIC.—Pulv. hydrarg. 2 grs.; ext. coloc. comp. 2 grs.; ext. hyocyan. ¼ gr.		
" 2 grs.	50	9 50	HODDER (Female pills) 2½ grs.		
CALOMEL ET OPII.—Calomel. 2 grs.; opium 1 gr.	40	4 00	HYDRASTIN 1 gr.		
CALOMEL ET RHEI.—Calomel. ¼ gr.; ext. rhai ¼ gr.; ext. coloc. C. ¼ gr.; ext. hyocyan. ¼ gr.	75	3 50	HYDRARGYR. U. S. P. 3 grs.		
CATHART. COMP. U. S. P.—Ext. coloc. comp. 1½ grs.; ext. jalapa 1 gr.; calomel. 1 gr.; pulv. gambogie, 2-2 gr.	70	3 25	IODOFORM ET FERRI.—Ferrum per hydro. 1 gr.; iodoform 1 gr.		
CATHART. COMP. Vegetable.—Podol.; ext. colocynth. virgin scammony; aloes. soap ant ginger.	75	3 50	IPECAC ET OPII, 3½ grs. (pulv. Doveri, U. S. P.)		
CHAPMAN'S DINNER PILLS.—Pulv. aloes soc.; pulv. rhai opt.; gum mas.	60	2 75	IPECAC ET OPII, 2 grs.		
CERU OXALATE. 1 gr.	60	4 75	IRISIN COMP.—Irisin, ¼ gr.; podoph. 1-10 gr.; strychnia. 1-60 gr.		
CHINOIDIN COMP.—Chinoidine 2 grs.; Ferri sulph. exsicc. 1 gr.; piperin ¼ gr.	100	4 75	LEPTAND. COMP.—Leptandrin, 1 gr.; oil. ¼ gr.; podol. ¼ gr.		
CHLORON SULPH. 1½ gr.	75	3 50	LUPULIN 3 grs.		
COOK'S, 3 grs.—Pulv. aloes soc. 1 gr.; pulv. rhai. 1 gr.; calomel ¼ gr.; sapon hispan. ¼ gr.	50	3 75	MAGNESI ET RHEI (1 gr. each).		
COLOCYNTHIDIS COMP. 3 gr. U. S. P.	50	3 75	NEURA LOIC.—Quinia sulph. 3 grs.; morphia sulph. 1-60 gr.; str. 1-60 gr.; acid. arsenicous. 1-60 gr.; ext. asconite. ¼ gr.		
COPAIBE, U. S. P. 3 grs.	50	3 25	OPII, U. S. P. 1 gr.		
" ET EXT. CUBEBÆ.—Pulv. copaliba. 2 grs.; oleo-resin. cubeba. 1 gr.	60	3 75	" ET CAMPHORÆ.—Pulv. opii, 1 gr.; camphora. 2 grs.		
COPAIRES COMP.—Pulv. copaliba; resin guaiac.; ferri cit.; oleo-resin cub.	60	3 75	OPII ET CAMPHORÆ ET TANNIN.—Pulv. opii, ¼ gr.; camphora 1 gr.; acid tannic. 2 grs.		
CHINOIDIN, 2 grs.	60	3 75	OPII ET PLUMBI ACET.—Pulv. opii ¼ gr.; plumbi acet 1½ grs.		
DIURETIC.—Sapo hispan. pulv. 2 grs.; soda carb. exsicc. 2 grs.; oil. laccam. 1 drop; 1 drop.	20	3 25	PODOPHYLLIN.—Podol. 1 gr.; soda bi-carb. 1 gr.		
			POTASS BROMID. 1 gr.		
			" IODID 2 grs.		

[illegible]

All other instruments of the best quality at  
the Cincinnati Musical Stores' prices.

We are the Agents for Doctor  
BROWN'S RENOVATOR, an Instru-  
ment for the treatment of disease, by  
Acupuncture and Counter Irritation.  
Prices for full set, comprising Instru-  
ment, Book and Medicines \$12.00.

## SPECIFIC MEDICINES.

The medicines bearing these labels will be uniform in manufacture and strength.

Fluids will be made from recent and carefully selected crude articles, and of the strength of one ounce troy to the fluid ounce.

	DRUG DWT.	A. & C. DWT.		DRUG DWT.	A. & C. DWT.
Acid, Hydrochloric, Dilute.....	\$ 50	\$ 30	Hepatica.....	1.80	50
" Sulphurous .....	80	30	Hydrastis.....	2.00	55
Aconite.....	2.00	55	Hyosciamus.....	2.25	60
Agri-monia.....	1.80	50	Hydrangea.....	1.80	50
Alnus.....	1.80	50	Ipecacuanha.....	5.00	100
Amygdalis Persica.....	1.80	50	Iris Versie.....	1.80	50
Apocynum Can.....	1.80	50	Jacuna.....	1.80	50
Aralia Hesp.....	1.80	50	Kalmia.....	1.80	50
Acid Carbolic.....	1.10	40	Leptandra.....	2.25	100
Asclepias.....	1.80	50	Lobelia.....	2.25	60
Apis.....	3.00	80	Macrotys Rac.....	1.80	50
Belladonna.....	2.00	55	Myrica Cer.....	1.80	50
Boletis Laricia.....	3.00	80	Nux Vomica.....	1.80	50
Baptisia Tinet.....	1.80	50	Panax Quinq.....	2.25	100
Bryonia.....	3.00	80	Phosphorus.....	1.75	50
Cactus Grandif.....	5.00	150	Phytolacca.....	1.80	50
Cannabis Indica.....	3.00	80	Pulsatilla.....	3.00	80
Caulophyllum.....	1.80	50	Prunus.....	1.80	50
Corydalis.....	2.25	60	Ptelea.....	2.00	55
Colechicum Seed.....	1.80	50	Rhus Toxicodend.....	5.00	80
Collinsonia.....	1.80	50	Rumex Crisp.....	1.80	50
Conium.....	1.80	50	Rheum.....	6.00	100
Cypripedium.....	2.00	55	Straemonium.....	1.80	50
Coffee.....	2.50	65	Scutellaria.....	1.80	50
Cinnamon.....	2.25	60	Sticta.....	3.00	80
Colocyth.....	2.50	65	Staphisagria.....	3.00	80
Cuprum.....	2.25	60	Stillingia.....	2.50	65
Carbo-Veg.....	2.00	55	Sambucus.....	1.80	50
Digitalis.....	2.00	55	Sassa.....	1.80	50
Drosera.....	3.00	80	Veratrum Viride.....	2.25	60
Ergot.....	3.00	80	Viburnum.....	1.80	50
Epidobium.....	1.80	50	Xanthoxylum.....	2.25	60
Eryngium.....	1.80	50	Mayer's Ointment.....	1.00	
Eupatarium Purp.....	1.80	50	Stramonium.....	75	
Euconymus.....	1.80	50	Phosph. Soda.....	70	
Euphorbia Cor.....	1.80	50	Sulphite Soda.....	75	
Gelseminum.....	3.00	80	Podophyllin Triturated, per oz.....		25
Galium Ap.....	1.80	50	Hydrastis Sulph.....		2.50
Hamamelis.....	1.00	30	Sanguinaria Nitrate.....		2.00
Helonias.....	2.50	65			

### H. M. MERRELL & CO.

Corner Court and Plum Streets,

**CINCINNATI, OHIO.**

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

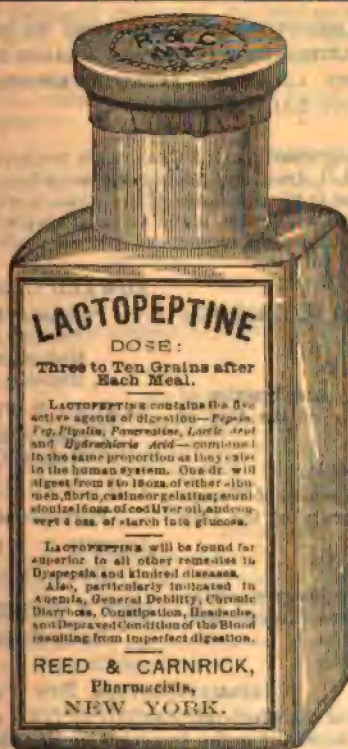
# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The composition of LACTOPEPTINE is such that it gives more than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession, for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.

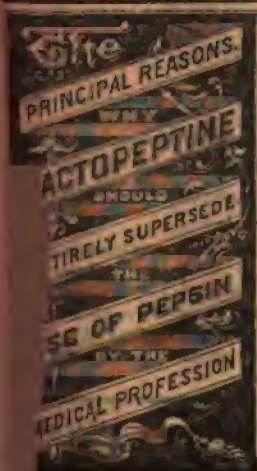


Sugar of Milk,	20 Ounces.	Veg. Pygalin or Diastase,	1 Dram.
Pepsin,	4 "	Lactic Acid,	2 1/2 Drachms.
Pancreatin,	3 "	Hydrochloric Acid,	2 1/2 "
	Powder and Mix.		

### FORMULA OF LACTOPEPTINE.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is much less expensive to prescribe. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.



---

*All the Statements made in this Circular are the result of repeated and careful experiments.*

---

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

---

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

---

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

---

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

SAMUEL B. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

---

INNERHATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach.

N. KEELER MORTON, M. D.

---

BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

---

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, and persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

---

*A large proportion of diseases are the result of imperfect digestion.*

---

---

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—○○—  
NEWTON, IOWA, May 19th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—○○—  
WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—○○—  
WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—○○—  
BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—○○—  
EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—○○—  
CORTLAND, DE KALE CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

---

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—○—  
FORT DOBGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children.

W. L. NICHOLSON, M. D.

—○—  
WHITE HALL, VA., January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—○—  
INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheel anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—○—  
CONTOOCH, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses.

GEORGE C. BLAISDELL, M. D.

—○—  
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office, saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy.

G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

---

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying any substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

---

AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**," was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

---

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

---

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troches.

*LACTOPEPTINE is also combined with the following preparations:*

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

---

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

---

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

---

*REED & CARRICK manufacture a Full Line of Fluid Extracts.*

---

---

**REED & CARNRICK manufacture a Full Line of Sugar Coated Pills.**

---

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia, attended with nervous debility.

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility, arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M. D., who has used them with great success in his practice:*

**No. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b> Liquid Lactopeptine,	dr. vi.
Fl. Ex. Cinchona Comp.,	dr. i.
Fl. Ex. Taraxacum,	
Tinct. Zingiber,	ss dr. iiii.
Hydrochloric Acid Dilut.,	dr. i.
Spts. Lavender Comp.,	dr. ii.
Sulphate Quinia,	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**No. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b> Liquid Lactopeptine,	dr. vi.
Fl. Ex. Cinchona Comp.,	dr. i.
Tinct. Zingiber,	dr. iiii.
Spts. Lavender Comp.,	dr. v.
Aromatic Sulphuric Acid,	dr. i.
Essence Ment. Pip. or Gaultheria,	gtts. x.
Sulphate Quinia,	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

---

*Private Formulas of Pills or other Preparations made to order.*

---

---

*All our Goods are of guaranteed strength and uniformity.*

---

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit, by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

#### NO. 2.—FOR MALARIAL DYSPEPSIA.

<b>R</b> Liquid Lactopeptine, . . . . .	dr. fl. vi.
Fl. Ex. Cinchona Comp., . . . . .	—
Tinc. Nux Vomica, . . . . .	ss dr. xi.
Spts. Lavender Comp., . . . . .	oz. ss.
Hydrocyanic Acid Dilut., . . . . .	dr. ss.
Syr. Aromatic Rhubarb, . . . . .	oz. ss.
Sulphate Quinine, . . . . .	dr. ss.

**M. Dose.**—One teaspoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

#### NO. 3.—FOR CHRONIC DIARRHOEA.

<b>R</b> Liquid Lactopeptine, . . . . .	dr. vi.
Liq. Opii Comp. (Squibb's), . . . . .	dr. iii.
Nitric Acid Dilut.; or, Aqua Regia Dilut., . . . . .	dr. i.
Syr. Aromatic Rhubarb, . . . . .	dr. ii.
Pulv. Nit. Bismuth, . . . . .	dr. ss.
Aqua Camph., . . . . .	oz. ss.

**M. Dose.**—One teaspoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhoea is apparently checked at that hour, and *this rule* should be persisted in for two or three days, or until the diarrhoeal tendency has been entirely subdued.

---

### PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

### COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia, 1 dr.
Senna, 3 "
Scammony, 6 grs.
Liquorice, 1 dr.
Ginger, 3 grs.
Coriander, 5 "

With flavoring ingredients.

**Dose.**—Child five years old, one to two teaspoonfuls; adult, one to two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

---

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain.

H. M. HARLOW, M. D.

---

*All our Goods are of guaranteed strength and uniformity.*

---



# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

MANUFACTURERS OF

**Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammoniaë,  
Pure Concentrations, Spts. Nitre Dule.  
Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added to our list:

Fluid Extract Guarana.  
 Fluid Extract Eucalyptus Globulus.  
 Fluid Extract Bearsfoot.  
 Fluid Extract Calendula.  
 Fluid Extract Chestnut Leaves.  
 Fluid Extract Conium Seed.  
 Fluid Extract Cotton Root Bark, (from the fresh root.)  
 Fluid Extract Gelseminum, (from the fresh root.)  
 Fluid Extract Stavesacre Seed.  
 Pills of Picrate Ammonium, (sugar coated.)  
 Brundage's Anti-Constipation Pills, (sugar coated.)

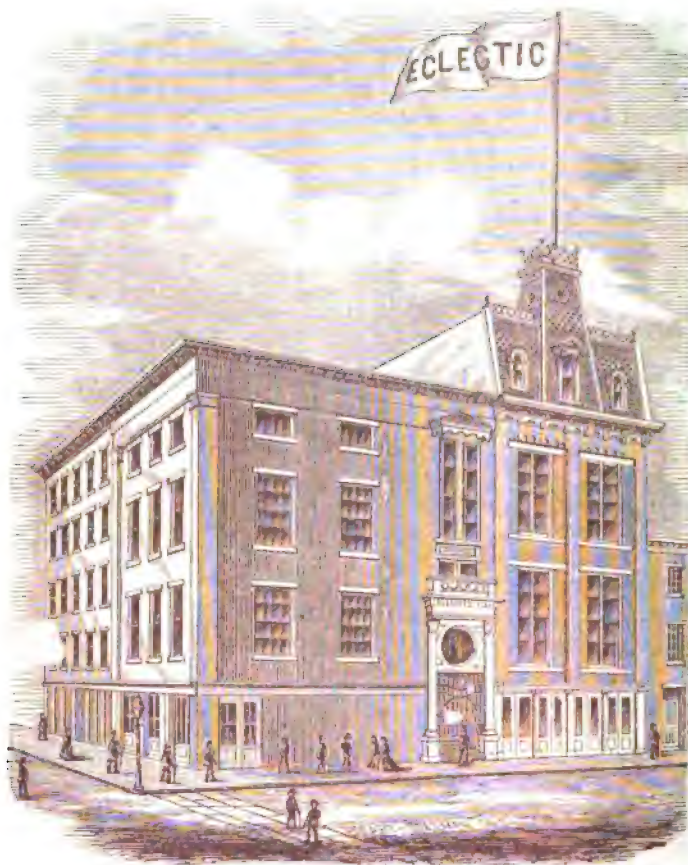
Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify P. D. & Co. on their prescriptions.

Our list of manufactures can be obtained of the following wholesale Druggists, at manufacturers' rates:

R. Macready & Co.	- - - - -	Cincinnati.
Kenyon, Potter & Co.	- - - - -	Syracuse, N. Y.
George A. Kelly & Co.	- - - - -	Pittsburg, Pa.
Benton, Myers & Canfield,	- - - - -	Cleveland, O.
George M. Dixon,	- - - - -	Dayton, O.
A. Peter & Co.	- - - - -	Louisville, Ky.
E. Burnham, Son & Co.	- - - - -	Chicago, Ill.
A. A. Mellier,	- - - - -	St. Louis, Mo.
Colburn, Birks & Co.	- - - - -	Peoria, Ill.
George A. Eddy,	- - - - -	Leavenworth, Kan.
Godbe & Co.	- - - - -	Salt Lake City, Utah.
Plain, Williams & Co.	- - - - -	Toledo, O.
Shrewsbury Bros.	- - - - -	Parkersburg, W. Va.
Farrand, Williams & Co.	- - - - -	Detroit, Mich.
Swift & Dodds,	- - - - -	Detroit, Mich.

*Depot in Cincinnati, R. MACREADY & CO.  
 Depot in Louisville, A. PETER & CO.*



# **Eclectic Medical Institute.**

*Cincinnati, 1875-6.*

Winter Session Commencing Oct. 4th, 1875. Preliminary Lectures from Oct. 1st.  
Spring Session Commencing February 1st, 1876.

---

For Annual Announcement, or other information, address  
**DR. J. M. SCUDDER,**  
CINCINNATI, OHIO.

THE

312

# Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

EDITOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

xxvi.

Cincinnati, February, 1876.

No. 2.

## TABLE OF CONTENTS.

### Original Communications.

XX.—Anal Fistula. By Prof. A. J. M. D.	57
XXI.—Diphtheria. By Dr. A. J. Smith	66
XXII.—Grindelia Robusta. By J. U. Freeman, M. D.	67
XXIII.—Alcohol, its Uses in the Body, especially in Consumptives. By Prof. A. J. Freeman, M. D.	70
XXIV.—A Contribution to the Memoirs of Prof. King.	77
XXV.—Transplantation of Skin for the Cure of an Ulcer. By H. W. Granel.	81

### Periscope.

XXVI.—Motion by Machinery in Motion.	82
XXVII.—Ophthalmia.	84
XXVIII.—Science of Science.	85
XXIX.—Jajuba.	86
XXX.—Lying in Women.	86
XXXI.—Legal Aspect of Abortion.	87

Conclusions Respecting Cholera.	88
Oziena.	88

### Editorial.

Inflammation.	89
Chorea.	93
Grindelia Robusta.	94
Penthorum Sedoides.	94
Office Pharmacy.	94
Brooklyn Eclectic Dispensary.	95
Vaccination.	95
Remedies for Whooping Cough.	98
The College.	99
The Journal.	99
The Eclectic Practice of Medicine for the Use of Families.	100
Examples of Enforced Conservative Surgery.	100
The Male Urethra.	101
Eclectic Medical Society of the State of California.	103
Kansas Eclectic Medical Association.	103

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1860, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, and cinchonidine."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better and more potent than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is *less costly*; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinineized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists,**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

**BOSTON, MASS.**

T H E

# ECLECTIC MEDICAL JOURNAL.

VOL. XXXVI.

FEBRUARY, 1876.

No. 2.

## ORIGINAL COMMUNICATIONS.

**Art. IX.—Anal Fistula.**—By PROF. A. JACKSON HOWE, M. D., Cincinnati, Ohio.

A fistula is a pipe or sinus in the soft tissues which does not readily heal without surgical interference. Certain parts of the body are liable to the disease, especially those in the region of the anus; and when confined to those parts the difficulty is called *fistula in ano*, a term signifying a pipe or false passage about the anal orifice, though not necessarily communicating with the anus or rectum.

When the pipe extends from an opening in the skin to a cœcal pouch somewhere in the tissues in the vicinity of the anus, or rectal cavity, yet not joining the bowel, nor having any communication with it, the disease takes the name of *external blind fistula*; and should the false passage begin in the mucous lining of the anus or rectum, and terminate in the adjacent structures without reaching the skin, the difficulty is denominated *internal blind fistula*. Both forms have been described as *incomplete* fistula, to distinguish them from that variety which reaches, in a course more or less tortuous, from the skin to the mucous membrane, and called *complete* anal fistula.

Scrofulous and tuberculous persons are the most liable to fistulous diseases; though the robust, should they have an abscess in the vicinity of the anus, are by no means exempt. Sedentary habits have been pronounced a cause of anal fistula, though my observations do not warrant such a conclusion. It is said that the shoemakers and tailors of London have a guild or society, admission to which requires that the applicant have a fistula. The object to be gained is information as to the best means of cure; therefore, there is nothing absurd about the existence of such an organization.

Fistulous affections are more common among men than women, though the latter are as liable to scrofula as the former. The disease is oftenest

met in those between twenty and fifty years of age though it is occasionally encountered nearer the extremes of life. Fistulæ are not very dangerous in themselves, yet they are often associated with a constitutional cachexia that is fatal in its tendencies. Consumptives are especially liable to fistulous complications.

Persons having anal fistulæ usually labor under the apprehension that the disease is incurable, therefore the mental depression attending it is a serious obstacle to the process of cure, inasmuch as the mind in a cheerful state favorably influences those bodily functions engaged directly or indirectly in the work of reparation; and *vice versa*. It is difficult to cure a patient impressed with the idea that recovery is impossible.

The early history of fistula is that of an abscess or phlegmon in the region of the anus. An individual who has heat, pain and swelling in the perineum or by the side of the anal outlet, imagines a boil is forming, and may subject the inflamed part to poultices or other antiphlogistic treatment. At length the tumor voluntarily discharges fetid pus, or is laid open with a bistoury. The evacuation of purulent fluid is attended with relief and the subsidence of inflammatory symptoms, but the cavity evacuated may not fill with granulations and become extinguished. Indeed, it is more likely to shrink into a pouch or sinus which secretes a sero-purulent fluid, and extends towards the anal apparatus. The loose structures adjacent to the sphincters favor the continuance of the disease, and the extension of fistulous passages in various directions. While there is not much pain attending the burrowing of a fistulous channel, the patient is apt to lose flesh, to become dispirited, and to exhibit symptoms of exhaustion. Rigors, shivers or chills, alternating with hot flashes, febrile manifestations, night sweats, loss of appetite, disturbed sleep, and kindred ills, are suffered by most persons during the progressive stages of anal fistula; but after the disease has extended as far as it will, the feverish symptoms may subside, so that the patient enjoys prolonged seasons of average good health. However, there is a probability that some of the false passages may become obstructed, or that the openings in the skin will so far heal that gathering fluids cannot escape, either of which conditions is followed by an inflammatory tumult, and active symptoms peculiar to the early phases of the disease. The consequence is that new outlets are established, and other routes formed for the escape of pent up fluids.

An abscess usually points, or opens a way for the evacuation of its contents, in the direction of least resistance; hence, in the event that one forms near the anus, it will open into the bowel, constituting internal blind fistula; but if it be near the skin, it will open outwardly, making external blind fistula; and so liable is the disease to progress, until a communication is established from skin to mucous membrane, that an incomplete state rarely lasts long. The tendency of the disease is to form a canal from an opening in the skin to one in the mucous lining of the bowel, and to have several branches that terminate in cœcal pouches. In bad cases the structures between the point of the coccyx and the tuberosities of the ischium are thickly traversed with purulent sinuses and fistulous canals. Not unfrequently a subcutaneous or superficial set of fistu-

be exist, and a deeper system of perforations, yet the two are apt to communicate with one another at some point.

It is not uncommon for a fistulous track, when it is extending, to be indicated by an indurated and somewhat sensitive ridge or belt that can be easily traced by the finger of the patient. He often calls the surgeon's attention to the route the forming fistula is taking.

From what has already been said, it is to be assumed that in fistulous cases of long standing, there is a communication between an opening in the integument near the anal outlet and another in the mucous membrane of the bowel. Although it may be difficult or impossible to follow the tortuous course of a fistula with a probe, the patient will answer, when asked, that he has felt flatus escaping through the fistulous passage. The exploration of a tortuous and complex fistula is not an easy task. The parts are often extremely sensitive, and the patient irritable. However, the surgeon is not to be thwarted or misled by the patient's complaints or misconceptions; but he is to persevere in his endeavors to understand the extent and complications of the fistulous canals. A silver probe is to be bent, and carefully carried in every direction, while testing the walls of the false passage. Sometimes the instrument has to be crooked like a fish-hook, in order to find whether a branch turns away from the bowel, though the main channel has been tracked into the anus or rectum. And while making these explorations the manipulator is not to be so gentle or timid as not to discover the various ramifications of the fistula, nor so rash as to force the probe through the walls of the pipe and into sound structures, believing all the time he is following a fistulous passage. Fistulous tracks are often so sensitive that the patient can not endure the probing until he is under the influence of chloroform.

A fistula ordinarily opens nearer the anal orifice than is generally supposed. It may in its progress dip rather deep, yet it is likely to terminate quite near the anal opening. In some cases, however, it enters the bowel between the external and internal sphincters, and quite rarely as deep as the deepest parts of the sphincter apparatus. Fistulous sinuses that have a communication with the anus outside the sphincter may burrow in the loose structures as far back as the coccyx, or in the nates four or five inches from the anal opening. In rare cases the perineum between the anus and scrotum is involved. In a woman who at length recovered from a depressed vital state, I found an external fistulous orifice in the median line, between the posterior commissure of the vulva and the anus, through which a probe could be carried in two directions, one branch of the fistula leading into the vagina, and the other into the anus. I incised the branch leading into the anus, and thus secured its obliteration. The other branch was left to itself, and in the course of a year it healed. During the process of cure the patient was taking arsenic, phosphorus, iron, iodoform, and other agents designed to remove tubercular deposits in the lungs. During the time she gained flesh and strength, and got rid of a harassing cough, daily rigors, night sweats, and other disagreeable symptoms.

While exploring a fistula it is well to carry the probe as far towards the bowel as practicable, and then introduce the fore finger into the rectum, in order to ascertain the distance between the end of the instrument and

the digit. If only the walls of the bowel intervene between the probe and the finger, it is to be presumed that an orifice exists near that point, though it cannot be detected by the exploratory manipulations. An anal speculum is not very useful in endeavors to discover the internal orifices of fistulæ. Spatulæ to dilate the anus, when carefully handled by an assistant, are sometimes quite valuable, especially if the pipes are of the internal blind variety.

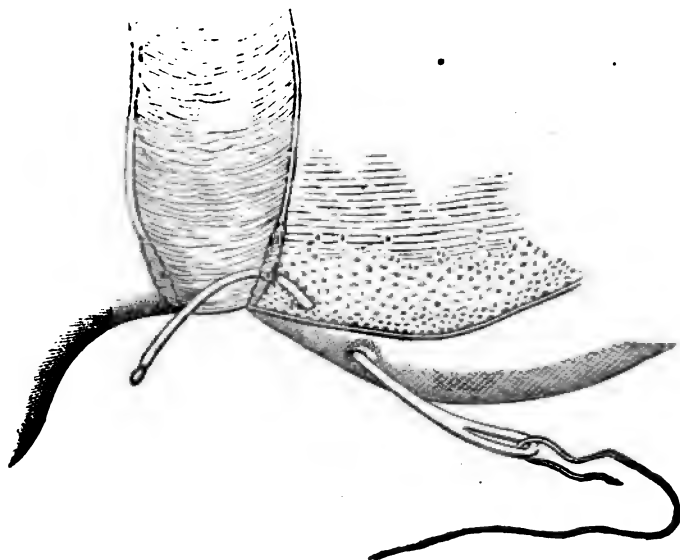
**TREATMENT.**—When an abscess exists in the ischio-rectal fossa, it should be freely opened, and the purulent cavity swabbed with the tincture of iodine or a strong solution of carbolic acid. The free incisions facilitate drainage, and the topical applications tend to destroy the pyogenic membrane, and to establish granulation and healthy reparative action. This course of treatment is preventive of fistula, and as such is often more valuable than a cure of the mature disease. Inasmuch as the irritative abscess is acutely sensitive and painful, it may be judicious to put the patient under the influence of an anæsthetic, before attempting to incise the diseased tissues, and to cauterize the purulent cavity. Few patients will permit any thing more than simple evacuation of the pus, unless their sense of feeling be first benumbed with chloroform. But the surgeon may not be called upon to treat the initiative stages of fistula, therefore when he sees the case, the phases have passed which call for preventive measures.

Scarcely any kind of disease has elicited such warm discussions in regard to its successful treatment as anal fistula. Many different methods of cure have been employed, and all with some failures and some good results. The incising process is in best repute among the best surgeons of the present day, yet so many unsatisfactory results attend the operation—the fault not being so much with the principle as with the manner of executing it—that many practitioners openly condemn the use of the knife as barbarous and unscientific; and if a timid or unscrupulous surgeon takes a case that has been unsatisfactorily operated upon, and cures it with a ligature or other simple means, he flatters himself, and readily makes the patient believe, that he has achieved a triumph over a surgeon of greater fame, and established a new method in surgical art. But if he will study the history of surgery, he will find that the use of ligatures is exceedingly old, and that it would be difficult to find any method that is novel and valuable in the treatment of anal fistulæ. Those who advertise that they cure fistula without the use of the knife, are generally mountebanks, who aim to deceive the unwary. One of the latest means adopted to supplant the use of the knife, is to employ an elastic ligature for the purpose of dividing the soft tissues between the fistulous track and the tegumentary surface; but it has been experimentally proven that the knife is the quickest and surest method of curing anal fistulæ.

In cases where fistulous sinuses are short and free from induration, the repeated injection or application of chloride of zinc caustics may lead to a cure. I have followed this plan several times in cases where an operation did not seem desirable, or was opposed by the patient. The stuffing of a sinus or fistulous track with pledgets of lint soaked in caustic solutions, is only a variation of the same method. A serious objection to the

process is that it sometimes fails. When a branch from the main fistula exists, the pledget and caustic plans are not likely to succeed. Besides, the trouble attending daily dressings for weeks and months is simply prodigious.

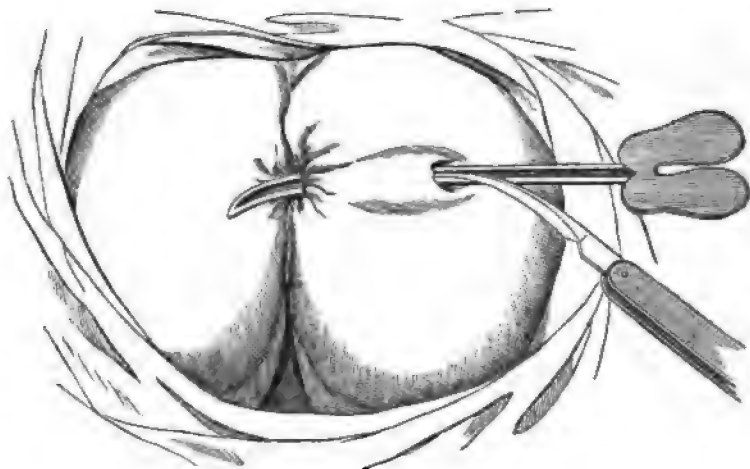
The method of treatment by ligature, when the fistula is simple, has much to commend it, especially when the patient entertains a profound dread of a cutting operation. The ligature is passed through the eye of a probe which has been curved to facilitate its passage through the fistulous track to the bowel and out of the anal aperture. After the ligature has been drawn by the probe to the place where it is to rest, its ends are to be tied over a piece of rubber tubing as thick as the finger, or across a piece of sponge. As the ligature cuts its way out from day to day, the tubing or sponge is to be twisted to tighten the ligature, thereby hastening the cutting process. The wound generally heals as fast as the ligature travels through the flesh. I have used a sponge tent instead of the rubber tubing. A ligature will generally cut its way through in two or three weeks, when left to itself, no hastening process being adopted.



The method of introducing a ligature into an anal fistula. A section of the nates is taken in order to show the passage of the probe.

If the fistula be incomplete, or the probe can not be made to reach the cavity of the bowel, a long, curved needle may be employed instead of the blunt-pointed instrument. A finger in the rectum receives the point of the needle and guides it to the anal outlet. Even if the fistulous orifice in the walls of the bowel be not traversed by the needle and ligature, the inflammation provoked will result in obliteration of the entire track. Needles of various lengths and curves are needed to meet the conditions of a variety of cases. I have drawn the temper of an ordinary darning needle, and then bent it to the desired curve for the case at hand. When

the fistula runs deep, and its connection with the bowel is above the sphincters, the ligature should generally be used, for its slow passage through the flesh while cutting its way out, is not attended with hemorrhage, and the healing process prevents the sphincter from losing its functions. The chief arguments against the general use of the ligature are, first, that the process is tedious; and second, that in a complex fistulous state in the ischio-rectal region, the tortuous and ramifying sinuses can not with any degree of certainty be discovered, and subjected to the influence of the ligature.



about to lay open a fistulous track raised upon a grooved director.

The incising process—a grooved director and knife being employed—is the quickest and generally the most efficient method for obliterating anal fistulae. It consists in laying open the fistulous track from one end to the other, the superimposed structures being completely divided. In a simple fistula this single cut is sufficient; and if branches exist, the primary incision makes it easy to expose and incise other sinuses, the process being complete when all the false passages have been converted into incised and open wounds. In very few instances does the entire sphincter have to be divided, for, as before stated, the internal orifice of the fistula is apt to be near the anal outlet. In many instances only a part of the sphincter has to be divided; in a few cases the entire sphincter apparatus has to be cut across. In the latter event the hemorrhage may be considerable. In two instances I have been obliged to use styptics and firm tampons of lint to arrest the bleeding. The hemorrhage attending the division of an ordinary anal fistula is insignificant.

A patient who is about to have a fistula divided with the knife, and without chloroform, may place his knees in the seat of an arm chair, and rest his breast on its back. An assistant pulls the nates apart, while the surgeon introduces a silver grooved director into the external orifice of the fistula, and carries the instrument to the finger that is pushed into the rectum. If the walls of the bowels offer no opening for the ready

passage of the grooved director, the entering extremity of the instrument is thrust through the coats of the rectum, and then, with the aid of the finger, is made to emerge at the anus. Nothing remains to be done but to split the superimposed structures by sliding a knife along the groove of the director. The entire process is as simple as any thing in surgery can well be. When the fistulous track runs deep, the grooved director should be bent into a sharp curve, in order to facilitate its passage to the bowel, and its escape from the anus.

After the primary incision is made the finger and probes are to be used in seeking other sinuses. So liable is a fistula to be complicated that the search for additional pipes should not be abandoned until the exploration has been thorough. Fistulous disease is apt to develop itself on one side of the anus, yet cases are common in which both sides of the ischio-rectal fossæ have been invaded. It is particularly enjoined to hunt for fistulæ extending back toward the coccyx or on outwards into the buttocks. After those regions have been explored, the forward direction, corresponding to the side of the raphe, or median line of the perineum, is to be examined with probes. I have so often overlooked or failed to find diverging sinuses that I feel all the more the necessity for imparting these cautions and injunctions. It is not taken pleasantly by a patient, when two or three weeks have passed since the primary operation, to be informed that a new fistula has been discovered which must be operated upon; and if two or three of these disappointments occur, the surgeon is charged with blundering and inattention.

In complicated cases I prefer to do the exploring and cutting while the patient is under the influence of an anæsthetic, for I can then examine deep parts without being resisted and thwarted; and if cuts have to be made in three or four directions, the patient is unable to protest against the extensive incising process. It is not easy to make a patient unacquainted with reparative action, believe that several incisions made at the same time will heal as soon as a single cut.

In several instances I have found the ischio-rectal fossæ thoroughly perforated with sinuses, and the false passages communicating with one another from one side to the other in the space between the anus and coccyx. In such cases the soft tissues of the fossæ have to be incised in every direction, though the rectum and anus may be unperforated, and stand out in an unsupported manner after the incisions have been completed. In most instances the integument of the anus can be left in connection with other tegumental structure by a narrow isthmus in front, corresponding with the median line. I have known two sinuses to extend forward as far as the scrotum, and not communicate in front, though they extended in parallel lines quite near each other. Such sinuses are to be incised separately, yet the median septum between them is to be left intact. Although the soft tissues be extensively incised, and an inch or more of the lower end of the bowel seems unsupported, it will not be long before the wounds will fill with firm granulations, and the new structure be less liable to become fistulous than the original loose flesh.

While any of the graver of these operations is performed the patient, under chloroform, should rest on one side, with the anus exposed to a

good light. The bed or lounge should be protected with an oil-cloth, or old cloths that may be washed or burnt. And as the discharges may be pretty free for several days, the bed should be prepared accordingly. One or two assistants are a convenience, if not a necessity, while making extensive incisions and explorations. There is rarely much hemorrhage that attends a division of complex and long ranging sinuses. Wounds in other parts of the body would be attended with more bleeding. The hemorrhage which attends a division of the sphincter ani is greater than that which comes from incising adjacent structures.

It is well for the bowel to be emptied with a cathartic the day preceding the operation; and the patient should be in as good condition as the nature of the disease and surroundings will admit before the operation is performed. I have medicated patients for weeks before operating upon them; and the rapid rate of cure which followed, seemed to justify the course.

Extensive anal fistulæ in patients near their death from phthisis, should not be subjected to an operation; but the cure of a fistula in the incipient stages of pulmonary disease, rarely operates disadvantageously, and often quite favorably, a prominent source of annoyance being cut off. Besides, a patient medicating for the cure of an incised anal fistula, needs the same medicines and dietetic he should receive if medicated for the improvement of phthisis or tuberculosis.

Ordinarily it is not prudent to attempt the cure of *fistula in ano* without the prolonged use of constitutional remedies. What might be denominated a tonic and "alterative" course would be the best, the digestive, absorptive and assimilative processes being prominently kept in view while the patient is under treatment. The iodides may be occasionally used, yet not as freely as in constitutional syphilis. The "acid solution of iron," a formula for which was published in the Journal for July last, is valuable to be used while treating anal fistulæ. Three or four drops in water may be given every three hours every other day, and the following medicine may be administered on the alternate day:

R Syr. lacto-phosphate of lime, ℥ij.

Fowler's Solution, ℥j.

M.

Dose, half teaspoonful every three hours every other day.

The diet of the patient should be highly nutritious and easily digested; and here it may not be inopportune to say, that, as regards diet, every person is a law unto himself, and no "bill of fare" that may suit everybody can be devised.

After a fistulous track has been incised, the wound may be kept open with lint for two or three days, and then the traumatic surfaces are to be kept in a reparative state by the daily application of Mayer's ointment or any other gently stimulating cerate. I often employ a pomade which has a small amount of sulphate of zinc in it, and apply the ointment with a swab or pencil of wood.

One of the important features in the treatment of an incised fistula is to prevent a bridging of the channel with neoplastic bands, and to make the wound heal from the bottom. It is of no advantage to keep pledgets of lint in the chasm, but the wounds are to be left freely exposed to the

air. While the patient is moving about, lint packings will not stay in the traumatic fissures.

The wound is to be carefully explored every two or three days, in efforts to discover fistulous tracks and places where the healing processes are seemingly sluggish. If a pocket is found it must be slit in two or three directions, to prevent the accumulation of acrid matter, and the establishment of a new fistula. Pressing the walls of the chasm is an excellent method of discovering fistulous routes, the issue of pus or purulent fluid from some orifice or crevice indicating that a sinus existed in that quarter.

Such a variety of morbid conditions exist in an individual having fistula, and so complex is this sinous ramification, that much time is generally required to cure a patient suffering from fistulous disease. I have often sent patients home the same day an operation was performed; but this is not generally a safe practice. It is better to keep the patient under special care for a week or two, in order to ascertain quite positively that the fistulous tracks are all incised and doing well. It often requires several months to effect a complete cure, therefore patients are anxious to go home before the wounds are entirely closed.

The cicatricial tissue that remains after a fistula has healed, is apt to exude a serous fluid that keeps the parts damp or wet, and sometimes in a state more or less offensive. To relieve this, the following lotion may be employed after bathing:

R	Rose water,	
	Glycerine, aa.	℥ij.
	Borax, grs. xx.,	
	Salicylic acid, grs. vi.	
		M.

#### 8. Lotion.

When the sphincter ani has been divided, and the loose tissues in the vicinity much incised, the healing process leaves the sphincter-grip quite weak, and the folds of the anus considerably distorted. These states can not be wholly avoided, therefore the patient must be content with the assurance that the annoyance will grow less as time passes.

Some persons endure anal fistulæ for years without making an effort to get relief. Their excuse usually is that no method of treatment can be relied upon as radically curative; and the morbid state is not a source of much annoyance. An individual may pass along for a year or two without suffering much from an anal fistula; then, perhaps from the orifice becoming obstructed, an acute inflammatory state attacks the anal region and lays the patient up for a week or two: following this pathological storm there may be a long calm, or respite from misery. The relief seems to arise from a free discharge of purulency for a few days,—the outburst may be compared to the eruption of a volcano that has been slumbering for a season. Not unfrequently may be observed marked phenomena in the organic world that seem to have a counterpart in the violent throes of the earth's forces.

*Art. X.—Diphtheria.*—By A. J. SMITH, M. D., Tell City, Ind.

In treating diphtheria the physician has many difficulties to contend with. He has not only to combat his own ignorance, but also that of his predecessors, and oftentimes the prejudice of the people in his community. It shall be my aim in this article, not so much to criticise others, but to present a few facts in regard to the successful treatment of the above malady. I must confess I have had bad luck in former years in the treatment of diphtheria, but of late have had abundant success, and have seen many cases get well, which formerly were sure to die. Not having any inclination or time to give the general symptoms of the disease, I shall give my treatment for some symptoms as they appear, and at the same time report only such treatment as has been very successful in my hands. At first when I am called to a case in the primary stage, and find one or more small diphtheritic patches upon any part of the mucous membrane, with a slight acceleration of the pulse, the mucous membrane a deep red with a disposition of the patient to sleep, and knowing that my patient has lived for some time in a malarial country, my treatment is as follows: For the increased action of the heart I give—

R Tinct. Aconite,  
Tinct. Belladonna, aa. gtt. x.  
Water, ℥iv. M.

S. One teaspoonful every hour.

If there is no disposition to sleep, I omit the belladonna. For the deep red membrane of the tongue I give—

R Sulphurous Acid, ℥j.  
Simple Syrup, ℥iij. M.

S. Teaspoonful every three hours, as long as that special indication is present. For the malarial trouble as also for its local influence I give—

R Sulph. Quinine,  
Pulv. Hydrastis, aa. grs. xxv.  
Sub. Nit. Bismuth, grs. xv.

Make into fifteen powders. S. One every three hours.

Perseverance in the above treatment will cure nine-tenths of all cases when given in the first stage. Should you find the peculiar pallid condition spoken of by Prof. Scudder as demanding an alkali, then the sulphites will be the remedy in the case, in place of the acid as above. Chlorate of potash has always aggravated the symptoms in all cases which have come to my knowledge.

And now we come to the second stage of the disease, in which there is considerable enlargement of the parotid, sublingual and submaxillary glands with an increased deposit of the diphtheritic exudation, tonsils largely swollen and deglutition being performed with great difficulty. In this case I continue the former treatment with the addition of Tinct. Sanguinaria, gtt. x. to xv., to the Sulphurous Acid and Syrup mixture, and add to the Tinct. Aconite Tinct. Baptisia gtt. xxx., or give the Baptisia in decoction. As an external application I find the best, or one of the best, a slice of smoked bacon or the rind with the fat side next to the neck, or in place of this the green root of *phytolacca decandra*, well grated

and applied as long as can be borne. With this treatment the mortality will fall below two per cent.

There is but one other condition I wish to name, and that is the last and most fatal, in which death will occur in ninety cases out of one hundred. I mean the condition in which the disease extends downward involving the pharynx. Here the patient presents all the symptoms of croup, whistling respiration, croupal cough, loss of voice, and gradually increasing difficulty of breathing. The occurrence of the laryngeal complication is sudden, running a rapid course, and soon the patient sinks into the arms of death from a want of aeration of the blood.

Now for these last named symptoms there is to my knowledge but one remedy that can be used with any hope of success, and when I find such a case now-a-days, I use it and it only as long as those symptoms last. This is the inhalation of liquid pepsine. Before I became acquainted with this remedy I looked upon such cases above spoken of as being necessarily fatal. Dr. Camp, now of Gentryville, and Dr. Beard of Buffaloville, Ind., were the first to give me a hint of this valuable remedy, but they recommended using the powdered pepsin. Mr. Aug. Schreiber, of this place, was the first one to conceive the idea of using the liquid pepsin by inhalation. The most plausible theory for using pepsin in diphtheria is from the fact that it dissolves albumen. Now taking this into consideration, and taking the position that all diphtheritic deposits are more or less albuminous exudations upon the mucous membranes, these deposits must sooner or later fill up the air passages and thereby cause death if not relieved; and to remove these deposits can be done by inhaling the liquid pepsin, which carries it directly into the air passages, thereby having its specific and local influence.

My object in writing this article is not for the purpose of seeing it in print, but from the fact that while I am successful to a very great extent, my fellow physicians in the same locality are losing a large percentage, and if this article should be the cause of saving one or more lives, I shall feel well rewarded for my trouble in writing this.

**Art. XL.—*Grindelia Robusta.*** By J. U. LLOYD, Cincinnati, Ohio.

Having recently manufactured the fluid extract of *Grindelia Robusta*, I take the liberty of placing before the medical profession the results of my experience with the drug—I mean in a pharmaceutical sense.

The herb operated upon was obtained directly from California by the firm of H. M. Merrell & Co. That it is the genuine *Grindelia Robusta* can not be doubted. "It is an herbaceous, perennial plant, of the natural order Compositæ. The caulis is slender, smooth, from one to two feet high, with a few short branches near the top. The leaves are oblong-spathulate, alternate, sessile, and remotely toothed. Each plant has from one to four globular radiate heads. The involucre consists of numerous imbricated scales, covered with a balsamic resin. The ray flowers are xanthic, but from a dried specimen the color of the disk can not be ascertained."

My brother, C. G. Lloyd, requests me to state that the above description he has made of the plant is very incomplete. He could not render it more thorough because the specimens were imperfectly preserved. However, the meagre history he has furnished will show that the plant is undeniably the *Grindelia Robusta* mentioned by Mr. James G. Steel, of San Francisco, Cal., in the interesting paper read before the American Pharmaceutical Association, 1875. I am particular in calling attention to the fact that the specimens operated upon by myself were genuine, for the fluid extract obtained differs remarkably from others I have examined. Indeed I can not perceive the least resemblance, and I am afraid other species of the *Grindelias*, or entirely different plants, have been thrown upon the market to supply the demand which has suddenly arisen, and have been manufactured into extracts. If this is the case it is unfortunate, for with this state of affairs many of the first investigations of our physicians must prove unsatisfactory.

The dried stalks are almost destitute of taste and are evidently inert. They contain but a small amount of the peculiar resinous substance which we find in the leaves and flower heads.

The leaves are of a glutinous character when chewed between the teeth, consequent upon the softening of the resin. They possess in a marked degree the balsamic properties of the flower heads. If they are rubbed between the fingers the aromatic odor is more plainly to be perceived.

The flower heads are saturated and covered with the resin. They exhale strongly an odoriferous principle which reminds us of the sweet marjoram or our common Summer savory. Evidently the flower heads constitute the part of the plant most important to medicine.

Upon investigation the plant (ground entire) was found to contain a large amount of balsamic resin which proved to be a mixture of a resin with an essential and a fixed oil. The plant depends upon the essential oil for its characteristic odor. Associated with these are gum glucose, chlorophyl, and other substances peculiar to the majority of plants, and constituting the extractive principles which usually are inert and of no use in medicine.

Alcohol readily dissolved the balsamic principles, together with the chlorophyl (the green coloring matter of leaves and plants.) The addition of water in even small amounts exerted an injurious effect by preventing the solution of the resin and oil. From this cause the admission of water into the fluid extract can not help but prove injurious.

Experiments were made by percolating the plant with mixtures in different proportions of alcohol and water. These extracts possessed the *Grindelia Robusta* odor and flavor, but contained only a small amount of the resin and oil, and even this gradually separated as a precipitate when the extract was allowed to stand. These several extracts were of a dark red color and were undeniably almost worthless. Upon percolating the residue remaining within the percolator with alcohol, a large amount of resin was obtained. The proportion of resin increased in the several residues as the alcoholic strength of the menstrua used in the first percolations was diminished.

Alcohol exhausted the plant of its balsamic principles. In consequence of the chlorophyl being an accompaniment this extract was green. It was a true representative of the peculiar aromatic and resinous principles of the plant. The residue was tasteless and inodorous. Upon drying this residue and percolating it with dilute alcohol, an extract of a dark red color, destitute of taste and odor, resulted; undoubtedly it was perfectly inert. After summing up the results of my several experiments I can recommend the following simple process for making the fluid extract of *Grindelia Robusta*:

Take of *Grindelia Robusta*, 16 Troy ounces; alcohol, q. s. Grind the herb fine, dampen with six fluid ounces of alcohol, and pack firmly into a cylindrical percolator, add alcohol q. s. to cover the herb, cork the exit of the percolator, and cover the top by placing over it a plate of glass, after which allow it to macerate twenty-four hours. Then remove the cork and allow the percolation to proceed slowly until fourteen fluid ounces are obtained, reserve this and continue the percolation with alcohol until the runnings pass tasteless, evaporate this latter tincture upon a water-bath to the measure of two fluid ounces which add to the reserved fourteen fluid ounces. The resulting fluid extract has a dark green color, odor and taste resembling the herb, will not mix with water, syrup, or glycerine. When added to a large amount of water it produces a white opaqueness; even a small quantity of water imparts to the extract a permanent turbidness consequent upon the separation of minute particles of resin and oil.

From the foregoing brief account of the results of my experiments it will be seen that it was almost unnecessary to investigate as to the feasibility of introducing *Grindelia Robusta* into the form of a syrup or elixir. These preparations contain but little alcohol and we have seen that aqueous liquids will not retain the resinous principles of the *Grindelia Robusta* in solution. However, to make the work more thorough, I have attempted to make some of the above named preparations. My experiments in this direction resulted in complete failures. Invariably the balsamic principles were not extracted from the plant, or were precipitated throughout the liquid to separate after standing. Of course a clear syrup or elixir could be obtained by filtration, but this act removed from the preparation that portion which above all others should be retained. I have too often protested against manufacturing so-called "elegant pharmaceuticals" at the expense of reliability to be backward about speaking my mind in this instance. My experiments teach me that *Grindelia Robusta* can not be made into a reliable unchangeable syrup or elixir. If physicians desire to administer a weak, sweetened form of this drug, direct that a certain amount of the fluid extract be added to a portion of simple syrup, care being taken that the vial be well shaken each time before administration. I will give some peculiarities of the fluid extract of *Grindelia Robusta*. It should be of a dark green color, should possess the odor and flavor of the crude herb; under no circumstances ought it to smell like molasses or burnt sugar. It should mix with alcohol in all proportions without change. When dropped into distilled water a permanent milkiness should result.

STATESVILLE, N. C., Oct. 19, 1875.

MR. J. U. LLOYD—*Dear Sir:* As we are always ready to lend a helping hand to our pharmacists and chemists who desire to experiment for scientific purposes, we take the liberty of forwarding by rail to your address one barrel, containing forty-three pounds of fresh COTTON ROOT BARK preserved with alcohol, which please accept as complimentary in making your investigations.

Very truly yours,

WALLACE BROTHERS.

This bark I have carefully made into a fluid extract. I will send a quarter pound bottle to such physicians as desire to try a reliable extract of the fresh *Gossypium Herbaceum*. I will make no charge for the extract. Can send by express, or if physicians send their address to me, I can furnish to the house in this city where they order goods. I request each physician receiving the extract to notify me of the success attending its administration. My object as before explained is to make a report to the American Pharmaceutical Association upon the relative values of the dry and the fresh bark. **THIS EXTRACT IS NOT FOR SALE.** In reply to my request published in the November Journal I have received from physicians residing in the South the most flattering of testimonials in regard to the efficacy of decoctions of FRESH BARK. Example: "I have used a decoction of the GREEN ROOT to promote labor pains, and HAVE NEVER BEEN DISAPPOINTED."

I trust experienced physicians will test the reliability of a FLUID EXTRACT of the same, which I now place within their reach.

Undoubtedly many interested in this subject will not have the benefit of the Proceedings of the A. P. A. Consequently after the paper is read before the Association, it will be given to the readers of this Journal, which will anticipate by several months the publication of the same in the Proceedings of the Society. Address

J. U. LLOYD, Cincinnati, Ohio.

**Art. XII.—*Alcohol, its Uses in the Body, especially in Consumptives.*** By PROF. E. FREEMAN, M. D., Cincinnati, Ohio.

Alcohol is of great and indispensable use in the arts and manufacture. When, however, anything is said about its having any use in the body, great numbers of people, and, indeed many medical men, deny the assertion, and even go so far as to refuse it a place among medicinal agents. They make it out to be a poison, but how, they do not say. I conceive, that, if so, it must be by over-dosing, as is the case with many medicinal agents. Bread and water can become destructive of life, if the stomach be constantly over-distended with them, so as to impede and ultimately destroy its functions. I am not holding myself forth as a champion of the indulgence in the use of strong drink, as it is generally used, or especially of its excessive use: on the contrary, I deprecate it. Yet, in face of the argument of the total abstainers, that an occasional use often leads to drunkenness, and of the religious excitement against it, I can not help expressing a fear that a total abstinence from it is one of the causes, that in this country, where vital force is so rapidly wasted, is leading to the increase in diseases of debility, as consumption and other diseases of mal-

assimilation and mal-nutrition. Temperance in the use of this substance, as well as in eating and drinking, and indulgence of many passions and habits that might be named, is the true course to be pursued. It is a conclusion of the experience of humanity in the past, so far back as to be accepted as a maxim of philosophy, or a Divine precept. There have been, are, and always will be, many who will come to grief by over-indulgence in this, just as there are many who die of dyspepsia from over-eating; their sins find them out.

My grounds for concluding that alcohol is of use in the system are as follows:

1st. The so-called vital force is necessary for carrying on all the functions of the body as a whole, and of its different parts. 2d. This vital force, when its supply fails, must be replenished, or it is degraded to a lower form of force, which soon prevails, death occurs, and the body is dissolved by its chemical forces. 3d. Alcohol is an agent constantly produced in the system that is largely instrumental in supplying that force.

That the vital force is not a force *sui generis*, but is a modification of the forces of nature, which are correlated with each other, owing its peculiarity to the substances upon which it acts under certain conditions, to produce organic bodies, is the opinion held by most chemists and physiologists of the present time. This force is stored up in the germ, (ovum, and spermatie filaments) holding together the atoms and determining the form of the molecules of those bodies, which are all derived from the organisations producing them. For the evolution of those molecules and atoms into the organisms, there is not in the protoplasm of the fertilized ovum sufficient force, no more than there is sufficient nutriment. When the ovum is exhausted, the textures are formed for obtaining both from the mother, through the placenta, and after birth from the food, through the processes of digestion and assimilation.

Balfour Stewart, in his work on Conservation of Energy, says that "the particular force, that is thus used by living beings, is chemical energy. Our bodies are, in truth, examples of an unstable arrangement of chemical forces, and the materials which compose them . . . are pre-eminently subjects of decay." The food of animal bodies consists of amyloids and albuminoids. These may be derived from vegetable structures, as in the Herbivora, or from other animals, as in the Carnivora, or from both, as in Man, and other omnivora. Animals can not subsist on inorganic matter. Chemical force combines the elements, oxygen, hydrogen, carbon and nitrogen into carbonic acid, water and ammonia. The first two of these are decomposed, and, rejecting the excess of oxygen, are arranged to form the amyloids; the protoplasm, formed by the entire three, is decomposed, and the excess of oxygen and hydrogen rejected, and phosphorus and sulphur used in minute quantity to form the albuminoids. This work is done in the vegetable organism. Prof. J. Le Conte says the force liberated by the decomposition and rejection of some elements in the recomposition is used, and the product is necessarily of a higher grade than that from which it was produced, the protoplasm producing vegetable tissue, and vital force being sustained. These amyloids and albuminoids form the food of animals. The amyloids, by the agency

of the salivary, pancreatic and intestinal juices, are converted into glucose or sugar, and absorbed by the capillaries of the stomach and intestines; the albuminoids are converted into peptones and also taken into the circulation, and the fat converted into an emulsion, and absorbed by the lacteals, by which they at last reach the circulation. The heat of the body is sustained by the union of oxygen with the carbon, or hydrogen or nitrogen of these several bodies and the products of waste of tissues, to form carbonic acid, water and urea. The albuminoids are used to supply the material wasted in the activities of the various parts. Yet there is usually an excess, which, with the amyloids and fats, by their decomposition in the blood, liberate force, which, not being expended in the recompositions which form lower compounds, is converted into vital force by the materials used to form the higher ones of the tissues, and thus sustains the life or vitality of the body. Very much, therefore, depends upon the perfection of the processes of digestion, by which these materials are made ready for absorption, and absorption by which they pass into the circulatory fluid. Also much depends on the condition of the lungs, by which this fluid comes in contact with the air, and receives oxygen from it, to effect those decompositions, discharging into it its water and carbonic acid.

If therefore in the growing organism of the young, the lungs are small, or not expanded from insufficient vitality, producing languor or indisposition to exercise, or if their functions are impeded by the deposition of tubercle, which prevents the ingress of air to the air cells, those changes mentioned in the blood will not be effected in the necessary degree, the demand for food will be lessened, consequently less force generated to build up or even sustain the organism, and it falls under the influence of the lower chemical forces and dies. So also if there be not vitality enough to effectually carry on the processes of digestion and absorption, which required a certain expenditure of muscular force in the stomach and intestines, as well as providing the fluids which are necessary to digestion, the material not entering the blood in sufficient quantity, the force and protoplasm necessary to sustain the organism are diminished, and a continuation of this condition will lead to death. As the result of this condition of the alimentary canal, it very often occurs that some of the starch of the bread, potatoes and other amyloids, undergoes acidification in the stomach and intestines, and then this in its turn impedes the digestive process, until the food all seems to sour in the stomach. This is especially the case in the early and advancing stages of consumption, leading to irritation of the mucous membranes and diarrhoea, and thus hastening the whole mass of alimentative material through, without giving a sufficient time for the absorption of what might otherwise be possible. Thus the body wastes because it is not sufficiently supplied with protoplasm, and the heat is the result of chemical disintegration of the waste material, while the force or vitality diminishes, because the sugar and fat by which it was principally supplied are mainly withdrawn.

How can this system of things be remedied? It is useless to feed them with amyloids, or with sugar, because it is very soon converted into vinegar, yet before this acetous condition is set up it is a very useful food. It

is well known that persons are benefited by working at sugar making. Now is it proper to crowd them with oils and fats, after the lining membrane of the stomach and intestines become irritated, because the irritation will be increased, and there will be but little absorption by the lacteals. Neither will constant dosing with alkalis accomplish much that is not simply temporary, because the vinegar ferment remains there ready to act upon anything that is sweet in the food, or because the alkalis being absorbed tend to produce too alkaline a condition which is debilitating. The remedy we will find, by considering the third division or position, with which we started. Alcohol is an agent constantly produced in the system that is largely instrumental in supplying force.

Although physiologists say nothing about the production of alcohol in the body, and simply say that sugar is destroyed in the blood, and intimate that the process of destruction is not known, or that it is changed to lactic acid, yet exhaustive experiments have demonstrated beyond doubt, that alcohol is produced in the blood, and can be separated from it, as from any other liquid in which it might exist, and burned, producing a flame, as alcohol obtained from any other source. Those experiments were made by Wm. Hutson Ford, M. D., Professor of Physiology in the New Orleans School of Medicine, and published in the New York Medical Journal of June, 1862. Knowing that a few drops of alcohol thrown into a quart of distilled water, could be entirely recovered, and that one part of alcohol, added to three or four thousand of blood, could also be recovered, even if the blood was somewhat stale, and it had remained in it several days, he proceeded to his experiments. 1st. Six hundred and twenty-two grammes of ox blood from the slaughter house, containing sugar by the cupro-potassic test, as it does invariably, was agitated with air in a large flagon, and set aside at a mean temperature of 62° Fahr. for forty hours. At the expiration of that period, sugar had almost entirely disappeared: the blood was distilled over the bath of common salt, and yielded 0.0162 grammes of alcohol. The summary of other experiments on similar blood is here given:

	No. 2.	No. 3.	No. 4.	No. 5.
Temperature of air (Fahr.).....	60°	66°	60°	58°
Quantity of blood (grammes).....	622	930	1120	930
Quantity of alcohol (grammes).....	0.1552	0.0647	0.0446	0.0414
Duration of experiments (hours).....	90	42	73	65

This seemed to demonstrate that the glucose or sugar of the blood was converted into alcohol. Now it is well established by Bernard, Flint, and others, that sugar is produced by the liver, even when no starchy food or sugar is taken into the body, and only albuminoid food is taken, and must be necessarily produced from the latter. This sugar is found in the blood of the hepatic veins. All the sugar received into or found in the body goes with the hepatic blood to the heart and lungs before it reaches the general circulation.

Two experiments were made with minced ox liver, in which sugar was determined by test. In the first, 750 grammes were set aside for 90 hours, at 75° Fahr. In the other case, 190 grammes of fresh ox liver, in which sugar was present, was set aside for 120 hours. At the end of those respective periods no sugar was found. Distillation yielded in the first

case 0.3235 grammes of alcohol, and in the second case the amount is not given, but in both cases they burned continuously, upon ebullition, at the mouth of the test tube, as long as heat was applied. Other experiments were made with lung tissue with similar results, the alcohol produced burning at the mouth of the test tube.

	No. 8.	No. 9.	No. 10.	No. 11.
Temperature of air (Fahr.) .....	66°	66°	76°	76°
Quantity of lung tissue (grammes).....	500	750	2180	5160
Quantity of alcohol (grammes).....	0.0323	0.0485	least.	0.1640
Duration of experiments (hours).....	73	95	17	65

In all these experiments the tissues had been allowed to decompose, and alcohol was found to be present, while sugar was present in the fresh tissue. In the following summary of experiments, the materials were submitted to the process as quickly as they could be prepared :

No.	Weight of Blood.	Interval from death to size	Temp- ture when distilled.	Weight of dist. dis- tillation.	Weight of alcohol obtained.	Weight of alcohol for 10,000 parts of blood.	With or without S. H.
15	6970	80m	.....	.....	0.0650	0.0932	without.
16	6734	56	101°	1502	0.8416	0.0198	without.
17	9137	70	100.3°	1686	1.6338	0.0605	with.
18	9236	77	99.5°	1623	3.6130	0.0444	with.
19	8988	60	99	1555	2.6092	0.1367	with.
20	8854	60	98	1555	1.7390	0.0780	with.
21	9423	45	96	1660	1.8722	0.0708	without.
22	9113	61	98	1550	0.3532	0.0360	without.
23	27330	48	98	14060	10.6882	0.2928	with.
24	36300	51	99	17600	14.0606	0.5652	with.

"The mean quantity of alcohol obtained for 10,000 parts of blood, when sulphuretted hydrogen was *not* added at the moment of its collection, was by the above table 0.0667; and when it *was* so used, 0.1028; or about twice as much. Sulphuretted hydrogen seems, therefore, to destroy the oxidizing powers of the blood, (of its corpuscles)." Similar experiments on liver substance also proved that alcohol began to be formed from the sugar just as the blood was leaving the liver. Experiments were made with *fresh* lung tissue, and from 750 grammes, 0.0259 grammes of alcohol were obtained, and from 870 and 1240 grammes of ox-lung tissue respectively, 0.0168 and 0.0453 grammes of alcohol were obtained; the ratio to 10,000 parts of fresh lung tissue, of alcohol obtained, being 0.0384, or about seventeen times as much alcohol as the liver substance produced. Experiments were made on pancreatic tissue, and also on the blood from the jugular vein, resulting in alcohol, too slight for burning in the test tube, but which responded to the chronic acid test.

The greatest amount of alcohol was obtained from the putrescent liver tissue, the least from fresh liver tissue, as "the fermentation of sugar merely begins in the hepatic capillaries. A far greater amount was obtained from putrescent blood than from fresh blood, about nine times as much. "The greatest amount of alcohol obtained from any of the recent substances was recovered from fresh lung tissue. The destination of this alcohol is combustion in the blood, increasing animal heat, as a consequence, and liberating force, according to Prof. Le Conte, vastly the most

important office, which process is carried on by the agency of fibrines or albuminoid substance in process of retrograde change. This is a body which occurs as a part of the waste resulting from the different organic actions which acts as a ferment, dragging down the sugar to alcohol and carbonic acid, by its union with oxygen in the blood, and especially in the lungs. The alcohol is probably consumed by undergoing "the usual stages of oxidation, viz.: aldehyde, acetic acid, formic acid, oxalic acid, carbonic acid, and water."

Prof. Ford estimated that one and a half pounds of bread, one pound of soup, and half a pound of potatoes, amounting to nearly nine ounces avoirdupois of carbon, as the daily ration of a prisoner, would allow 8.86 ounces of carbon to be thrown off by the respiratory organs, after deducting one-seventh of an ounce for that excreted in the urea. This carbon represents 24.36 ounces of glucose (sugar) from both sources (liver and food), which fermented into alcohol, would produce 12.45 ounces (avoirdupois)=5.976 grains of alcohol. As all of this passes through the right side of the heart, there would be present in the pulmonary blood, during one minute,  $\frac{1}{10}$  part of it, or 4.15 grains. Ten pounds of blood (or 76,800 grains) traverse the lungs in the same time; therefore the pulmonary blood of such a prisoner, obviously underfed, contains not more than 0.5403 of a grain for 10,000 grains. If the calculation be made from expired carbon, which amounts to about 325.31 grammes, supposing that it all results from the destruction of hydro-carbon, which is not strictly true, and that this hydro-carbon is hepatic sugar, 6,415 grains of alcohol would be produced in twenty-four hours, or 4.45 grains in a minute, which divided by 76,800 grains, the amount of blood, according to Muller, borne through the lungs in the same time, we have 0.5794 grains of alcohol present in the lungs, to 10,000 parts of blood. These amounts correspond very closely with the amounts actually produced by the experiments related, being slightly less than the mean quantity produced by experiments 1, 2, 3, 4 and 5 upon thoracic blood of the ox, and slightly more than that produced in the others.

The necessity of this agent to the system is indicated by the fact that, in carnivorous animals it is produced from albuminous agents by the liver producing sugar, which is changed into alcohol. In man the liver also produces it in considerable quantity, according to a general law that important functions can not depend upon one single source for a supply of the material necessary for the performance of that function. If the supply from the stomach be withdrawn in part or wholly, the liver supplies some. Thus digestion, either of the amylaceous or albuminous elements of food, is not performed alone in the stomach or in the intestine: so also do important organs have usually several means of supply of the blood necessary for them.

The force thus produced is used in building up and restoring muscular tissue, which in its action, liberates what is known as muscular force. It is used and expended in the various operations and activities of the organism. It is used in building up and restoring nerve structure, especially the ganglionic and vesicular structure of the brain, and is expended in its various operations, especially in producing the activities called the mind.

It may be said that if the liver produces sugar, why not depend upon it, when that which should be received by the circulation is acidified and thus turned from its proper use. The trouble is that the liver makes it out of albuminous matter, and of course at the expense of the tissues of the body, when the peptones are but partially formed or absorbed, when the stomach and intestines are deranged by the acidification of the food.

The remedy is to supply to the system the alcohol which is needed. This may be done by bathing parts of the surface of the body by it: and we find that debilitated persons are benefited by this measure. But the principal relief is obtained by giving it at regular periods, *and in small doses*, according to the degree of need indicated by the prostration of the strength. We thus obtain an amount of force with the right expenditure of it, as in the processes of digestion. The effect is very speedily seen in the increase of strength and vital activity. But as this would be temporary merely, this must be continued at definite periods of the day, especially before meals, until, after a short or long period, the weak organs, stimulated to their proper functions and better nourished, may be able to sustain the organism unaided. If not, no false notions concerning the use of the agent, as the fear of becoming drunkards, should cause the person to leave it off. It must be continued in certain definite doses, and at definite times, just as punctually as though it was a nasty mixture of a doctor's compounding. If this is done, and the dose not taken without measuring, or at hap hazard, and not increased, except from actual necessity, there is no danger of becoming a drunkard.

Of course alcohol is not the only remedy for diseases of debility, yet it is the basis and principal agent of many of the compounds called bitters, and in many cases if a good deal of the bitter was left out, so as not to increase the irritation of the stomach, the small dose of the alcoholic liquid would be better received. There are very many forms of alcoholic fluids which readily suggest themselves to the reader, and no one alone is applicable to every case. With some a kind of wine agrees best; others are benefited by brandy or beer. Whisky is, I think, better adapted to consumptives, and the dose should be from a teaspoonful to half an ounce, or more, which, added to a little water, is tolerated by the stomach, and quickly absorbed into the circulation. There is hardly a better remedy to stimulate the sympathetic nervous system that controls the organic functions of nutrition than *nux vomica*., Quinine composed of 75.76 parts of carbon, 7.52 hydrogen, 8.11 azote, and 8.61 oxygen is an excellent agent in small doses in some cases, to sustain the failing strength, in persons of increasing debility.

Is alcohol food, then, as some assert? In one sense it is the same as the amyloids; it supplies fuel for combustion to furnish force and heat; but it is not in the sense of supplying material to restore the wasted tissues.

*Art. XIII.—A Contribution to the Memory of Prof. King.*

Dead? you ask. Not a bit of it; getting a little pious in his old days, but good for twenty years yet at the least. But our good friend now looks like an "Alderman with fat capons lined," and he evidently finds his lines cast in pleasant places, and has no need to cudgel his brains for other people's benefit, as in the olden time. Then it is of this olden time that we want to get the "memory." I doubt not there are a good many things of this olden time that our Professor does not care to recall, for there was too much hard work and poor pay to be agreeable.

Persuaded to "go West and grow up with the country," he found himself in the rough country toward the head-waters of the Licking, Ky., about 1845. It was evidently "hard lines and much tribulation" to a young man raised in New York City, accustomed to a city life and city people. He tells the story of his first visit in that delectable land—how they sent a horse for him to ride, and after assuring himself that it was gentle, he finally got astride, and following the lead of a boy up hill and down, with much weariness to the flesh, found himself in front of the house hallooing for the people to come and help him off. One can well imagine that this kind of work was hard. But out of these years of hard, uncongenial labor, came a series of contributions which gave new life to Eclecticism, and it is from these I propose to give a series of extracts:

Let us see how he interprets (1846) the earlier Eclectic platform:

"I have always been opposed to the use of any mineral preparation in the treatment of disease, whether administered internally or applied externally; and invariably employ agents derived from Nature's garden, whenever they can be found to benefit, or effect a cure. If I mistake not, this is the true principle upon which Eclectic Reform is based, viz.: to employ medical plants in all cases where they prove beneficial,—but, never allow a patient to suffer or die, for the want of other remedial means, because our knowledge is not sufficiently advanced to enable us, in any given case, to relieve by botanic remedies, always avoiding all such, as under common circumstances of their use, are liable to do harm. At all events, this is the principle by which I am governed in my treatment of all cases of disease which come under my care; and in the treatment of some thousand cases during the last several years, I have been quite successful, without the use of any mineral preparations whatever, save in about ten or twelve cases, with whom I used preparations of iron internally, and of zinc externally."

In the same year he prepares a better class of preparations from our indigenous *Materia Medica*, and relief from the older Botanic drugging.

"I have for a long time noticed an obstacle to the progress of Medical Reform, with a very numerous portion of community, particularly those who, when unwell, desire the least medicine possible to effect a cure, which, by the way, is not a limited class,—and the obstacle is, the large doses and enormous quantities of medicine usually administered by those who practice with medical plants. I have known many individuals who were favorable to a Botanic system, send for a mineral physician during an attack of illness, and take his medicine in preference, merely because,

however nauseous and dangerous it might prove, the dose was small in quantity. This is truly a very great hindrance to the extension of Reform, and one which undoubtedly, every Reformer has met with in the course of his practice.

"However, there is no actual necessity for this; our medicines are as capable of being prepared in diminished quantities as any other, and when thus reduced, are much more effectual in their results. Thus blue flag root, (*iris versicolor*,) contains resin and mucilage; in the former reside its purgative and alterative properties, in the latter its diuretic. Then why administer the crude root in powder, in which these properties are combined with woody fiber and other inert substances, when a few grains of the proper constituent will answer? The same is the case of the cohosh root, (*cimicifuga racemosa*,) its alterative, anti-scorfulous, anti-rheumatic, emmenagogue, and other properties for which it is generally employed, reside in its resin. Then, certainly, it is useless to administer it in conjunction with tannin, gallic acid, gum, etc., when a few grains of its active principle is sufficient. The medical constituent of a plant is all that we require. True, there are some plants whose virtues consist in the union of these constituents, but they are scarce.

"My method of preparing these medicines depends upon the required active constituent, or constituents of the medicine; thus, with the greater part of tinctures, I prepare them saturated instead of the common strength, which of course lessens the dose in quantity. With the alterative syrup, for instance, instead of boiling to 16 porter bottles, as mentioned in Beach's *Am. Practice*, vol. iii, page 258, I reduce it to 8 porter bottles, of which the dose is one teaspoonful three or four times a day—and so with all other syrups; charging, of course, proportionably.

"From some I obtain only the resin, by extracting all that alcohol will take up, then filter the alcoholic tincture, to which add an equal quantity of water, and separate the alcohol by distillation—the resin sinks in the water. Thus, an excellent hepatic is obtained from the *hydrastis canadensis*, in the dose of from one-fourth to three grains; a purgative, alterative or emmenagogue from the *iris versicolor*, *podophyllum peltatum*, *sanguinaria canadensis*, *cimicifuga racemosa*, *caulophyllum thalictroides*, etc. Sometimes I distil the alcoholic tincture to a certain quantity without the addition of the water, and then evaporate the remainder, until the residue is of the required consistence for pilular extract, or powder, as with *sanguinaria canadensis*, *aletris farinosa*, *peonia officinalis*, *euphorbia*, *ipecacuanha*, *apocynum cannabinum*, etc.

"With other articles I make the alcoholic extract, as above,—then boil the roots or herbs in water, till all the virtue is obtained,—reduce it to an extract, and then combine the alcoholic and aqueous extracts together, as with *rumex crispus*, *solanum dulcamara*, *leptandria virginica*, *baptisia tinctoria*, *inula helenium*, *arctium lappa*, *aristolochia serpentaria*, *berberis vulgaris*, *cornus sericea*, *viburnum oxycoccus*, *cyripedium pubescens*, *juniperus sabina*, *xanthoxylon fraxineum*, *phytolacca decandra*, etc.

"With some articles, I make an alkaline extract, but with only those which contain resin, and have a drastic effect,—which is made by adding

from time to time, during the evaporation of the alcoholic tincture, and at every time when the resin begins to separate from the liquid, small portions of pearlash, (carbonate potash,)—and continue adding it in like manner, until the extract is finished; this renders the article less drastic, and completely prevents it from producing any nauseous, or irritating sensation, as with the *Iris Versicolor*, *Podolphyllum Peltatum*, etc.

"There are other articles again, where I obtain the ethereal oil or extract, and which is made by saturating sulphuric ether with the article, filtering, and then allowing it to evaporate spontaneously; as with *Capsicum*, *Sesle Cornutum*, *Cochlearia*, *Amorica*, *Ocroc Sativa*, *Ictodes Foetida*, *Lycopus Virginicus*, *Lobelia Inflata*, *Scutellaria Lateriflora*, etc."

Notice, if you please, that our Doctor has already a large and very valuable *Materia Medica*, and we propose to show further on, that he knew how to use it to great advantage.

**IRIS.**—"The pulverized root, in doses from ten to twenty grains, forms a cathartic, useful in many cases; or of the aqueous extract, 4 to 6 grains; of resin,  $\frac{1}{2}$  to 3 grains. In doses of the powdered root, given night and morning, it proves gently laxative, and is excellent for habitual constipation. It is said, that a decoction of the root, alone, or in combination with corn snake root (*Eryngium yuccifolium*), a species of sea holley, is useful in dropsey; or the powdered root may be given in 10 grain doses, every 2 or 3 hours. In anasarca hydrothorax, a saturated tincture, taken in teaspoonful doses, sufficient to cause some considerable drastic purging, will prove serviceable; in some instances it may be combined with an equal quantity of saturated tincture of spurge, (*Euphorbia Ipecacuanha*.)

"In syphilis, Blue Flag is a powerful remedy, it may be used as follows: Take finely powdered Blue Flag root, Black Cohosh root, Poke root, (*Phytolacca Decandra*), of each 2 ounces; good Holland Gin 2 pints. Mix, and let them stand for 14 days, frequently shaking, and then give from a teaspoonful to a tablespoonful 3 or 4 times a day, in doses not to operate on the bowels as a cathartic."

**BAPTISIA.**—"The virtues of this plant chiefly reside in the bark of the root. It is good for almost every sore or ulcer to which the human frame is subject, as: malignant ulcerous sore mouth or throat, mercurial sore mouth, sore nipples, chronic scrofulous or syphilitic sore eyes, erysipelatous ulcers, &c. &c., in which it may be used in strong decoction as a wash, as a poultice, fomentation, or as an ointment with fresh butter, lard, or cream. The fresh leaves pounded with lard, forms an excellent ointment. As a wash and poultice it powerfully arrests mortification, and has succeeded where many other remedies have failed. The root boiled with vinegar has been used as a discutient.

"In ulcers of a putrid or gangrenous tendency, and in all vitiated, irritable, and painful ulcers, it corrects and restrains their foul discharges and obviates their irritability and pain; in burns and scalds as an ointment, will be found of service, and the hydro-alcoholic extract, or inspissated juice of the plant, will be found a valuable application to cancers."

**MACROTYS.**—"I have used the Black Cohosh with much advantage in dysmenorrhea, chlorosis, amenorrhea, and other uterine affections, and generally in combination with borax, polygnum hydropiperoides, apleo-

trum lutescens, &c., as the peculiar symptoms require. During the labor, when the head has somewhat advanced, and the pain begins to lessen, or die away, a decoction of the root will act promptly in regulating and increasing them.

"In rheumatism, I have found the cohosh an useful article, in both the acute and chronic forms. In over one hundred cases of acute rheumatism, I have never failed of curing, when called upon the first attack of the disease, by administering sufficient of a saturated tincture of the root, (from three to sixty drops,) every two hours, night and day, until the head becomes quite affected; then lengthen the intervals between the doses to three, four or six hours, sufficient to keep up the action on the brain, and which must be continued for not less than seven days, or until the disease is completely removed. Previous to the exhibition of this tincture, the bowels must be cleansed by a purgative, which may be occasionally repeated. This appears to change the rheumatic diathesis, so that a second attack will seldom occur."

CATHARTICS.—"I am perfectly satisfied that the regularly or irregularly continued administration of cathartics in chronic disease, particularly when constipation is present, is highly pernicious and often prevents a cure; while on the other hand the omission of cathartics in acute diseases, is an evil as much to be dreaded and avoided as their employment in chronic diseases."

APPEARANCE OF THE TONGUE.—"A white fur, body of tongue pale, indicates a mild grade of fever, and particularly if moist.

"White fur, sides of the tongue red, indicates inflammation of some portion of the alimentary canal, most commonly the stomach. If dry, the inflammation will be more intense.

"White fur, sides of the tongue slightly red, febrile pulse, with at times chills and intermissions, indicates a very torpid condition of the biliary organs, with a disposition to active inflammation of some portion of the intestines, and is very apt to prove a tedious and troublesome disease. It requires very energetic treatment. Emetics must be daily administered, while there is sufficient strength in the system to bear them, or until some favorable change has taken place.

"A white fur, with a circular portion of the centre of the tongue red, and sometimes its edges and inferior surface, indicates inflammation of the stomach and spleen, in proportion to the redness manifested.

"The sides of the tongue white, or rather the whole upper surface white; but the centre, and particularly towards the root, covered with a brown or yellow fur, pulse small and quick, indicates a disposition to debility, or a typhoid state; this appearance is sometimes met with in patients who have a tedious convalescence; though the pulse will be found more natural.

"When red, moist, and presenting a rawness of the surface, it is indication of inflammation of the mucous coat of the stomach and of the intestines.

"If red, dry and chapped, it indicates intense inflammation, and the disease will prove fatal, unless energetically treated upon Eclectic principles."

**ACIDS.**—"I have often had patients with the bilious and typhus forms of fever, with tongues coated very dark, who, when asked if they would drink lemonade, orange juice, or cider, would quickly brighten up and eagerly exclaim, "Yes, yes, but I would not ask for it, Doctor, expecting you would not allow me to have it." And how truly thankful were they for a beneficial medical agent, to which they were irresistibly prompted by those efforts which are always made by the magnetic principle to re-establish an equilibrium whenever it is deranged."

**RESIN OF MACROTYS.**—"Prof. Tully called my attention to the resin of Macrotya in 1835, which I obtained in the same manner as for the Podophyllum resin. I have used it with most excellent, and I may say extraordinary results in scrofula, many forms of cutaneous disease, paralysis, enlarged spleen, chorea, rheumatism, &c. In some of these diseases I employ it in conjunction with a saturated tincture of nux vomica, two to four drops, three times a day, in a cup of sweetened water. In the treatment of phthisis pulmonalis, I believe the Macrotya will be found an indispensable agent, knowing as I do the value of the saturated tincture of the root in that disease, as well as in laryngitis. In uterine diseases I have given a mixture of equal parts of the macrotya and resin of aletris (aletrin, I suppose,) and think the combination far preferable to either article alone. In some indolent habits the addition of the Podophyllum will be found to increase its efficacy. The action of all these articles, as with Podophyllum, will be very energetic in smaller doses than usual, if thoroughly triturated with sugar of milk, or loaf sugar, to which fact I especially desire to invite the attention of Eclectic physicians, as it is a point of no small importance to them."

These are but fair samples of three years' active journalistic work, and these were the best years of the Eclectic Medical Journal, in the olden times. Prof. King not only wrote himself, but his writings stimulated others to investigation and to record their observations for the Journal. These things are contagious; we are not only benefited by the investigations of others, but we are prompted to investigate ourselves, and add something to the common stock.

In another number we will give extracts from the communications of others, especially with regard to our indigenous medicines.

---

**Art. XIV. — Transplantation of Skin for the Cure of an Ulcer.**—By H. W. GRAVEL, M. D., Painesville, Ohio.

**PROF. SCUDDER**—*Dear Sir:* I was called the fore part of September last to see Mrs. H. Found on examination a superficial ulcer covering nearly the entire prominence of her left shoulder. Commencing at about the junction of the outer and middle third of the clavicle, the border extended backward to about the middle of the spine of the scapula, thence downward and forward, over the deltoid muscle to within an inch and a half of its insertion, thence upward and forward to the point first named. It was then secreting ichorous pus, exceedingly offensive, and very painful to the slightest touch. The border was indurated, and the skin for some distance around was considerably inflamed. There were

numerous very painful proliferations of the granulations which were quite prone to bleed. She stated that she had had a running sore for thirteen months, of course constantly enlarging.

My first thought was salicylic acid, and I directed that the entire sore be washed twice a day with a solution of this acid of the strength of gr. xx. to water, ℥iv., and a dressing applied of oxide of zinc ointment spread upon linen. After ten days the treatment was changed to a weak solution of carbolic acid for the wash, and the common resin ointment of the shops for the dressing. And so by alternating the treatment, at the end of thirty days, the sore had materially changed its appearance, the the surrounding inflammation was nearly gone, the indurated condition of the border was much better, and the entire surface was secreting thick laudable pus, although the proliferations had not entirely disappeared.

I then proposed to operate by transplantation of skin, and accordingly from the opposite elbow, immediately over the olecranon process of the ulna, (as I remembered Prof. Jeancon especially recommended that location), I removed a piece of skin about the size of a silver three cent piece, by pinching it up with forceps and cutting with scissors. This I cut into some eight or ten smaller pieces, and placed them at regular intervals upon the surface of the sore, taking care to press them firmly to the granulations. A dressing of simple cerate was then applied, and permitted to remain undisturbed two days, when the grafts had all entirely disappeared. The sore was then ordered to be washed with the carbolic acid solution twice a day as before, and the resin ointment used for the dressing.

In from ten to twelve days numerous bluish-white opaque places were seen, corresponding for the most part to the location of the grafts. These were soon discovered to be islands of skin, so to speak, which gradually grew in all directions, and finally all coalesced into one large island, which constantly grew toward the margin of the ulcer. Meanwhile the indurated border rapidly disappeared, and the healing was accomplished.

Now sixty days after the operation there is as yet no appearance of any cicatricial contraction.

---

## PERISCOPE.

*Scalping Produced by Machinery in Motion.* By PROF. A. J. HOWE, M. D., Cincinnati, O.

Oct. 6th, 1875.—At Remington Station, on the Marietta railway, Carrie Dawson, 19 years of age, an employe in a paper mill, lost her entire scalp in the following manner: She was standing near a revolving upright shaft, when her hair, which was flowing loose, was caught, and in an instant entwined to the head. A stationary obstacle prevented the body of the victim from being carried around as the cylinder revolved; and the hair proved stronger than the attachment of the integument to the skull, consequently the scalp was torn from the cranium. Dr. Eckermeier, of Montgomery, was summoned to the case, but as an hour or more had elapsed before his arrival, he did not deem it advisable to attempt to replace the cold and lifeless scalp to its former site. He found that the

patient had lost considerable blood, and was still bleeding, but not profusely. No arteries needed ligaturing. He applied lint to the wound, and kept it wet with arnica water. The patient was not in as much pain as naturally would be expected; and slept some the first night while under the influence of an anodyne. The next day I was called to consult with the attending physician; and carefully examined the extensive traumatic surface. The laceration began in the back of the neck as low as the hair grows, and extended forward to the superciliary ridge over the left eye, and to the eyelashes of the upper lid on the right side; as the laceration extended forward the denuding process reached to the top of each ear, and as low as the zygoma on the right side of the face, probably the point where the wounding ended. The aponeurosis of the occipito-frontalis muscle had gone with the scalp, and also the pericranium, leaving a part of the occiput, a large area of the two parietals, and most of the os frontis entirely stripped of a membranous covering. The temporal muscles remained in place; and their bright red hue formed a striking contrast with the white skull arching above.

To the surfaces of these muscles I applied several grafts taken from the scalp of a sister of the patient. This was done by shaving a spot, then excising with scissors pieces of integument the size of hemp seed, and lastly applying them as fast as removed, to the lymph covered flesh. Each graft was pressed into its bed and held there with a small piece of isinglass plaster. I took a few skin grafts from the integument of a lady's shoulder, and applied them to the remnant of the frontalis muscle just above the eyebrows. A cerate cloth was then placed over the entire wound, and upon this a handkerchief was pinned in order to maintain an equable temperature, and to afford a cushion-like shield to the tender parts. Dr. Eckermeyer redressed the wound daily, and used a solution of salicylic acid to subdue the fetor. The traumatic surface granulated rapidly and suppurated freely, except where the skull was bare. At the end of a week the exposed bone began to darken in hue, yet the granulations pushed out so fast all along the border that hope was entertained for a covering of the osseous surfaces, especially as a serrated line of new flesh appeared in the sutures of the denuded cranium. However, it was found in the course of three weeks that the outer table of the skull was too near dead to receive the growing flesh; and that the granulations only piled up and did not extend their boundaries; that they even receded a little from the extreme lines once reached. At the junction of the sagittal and lambdoidal sutures a mass of new flesh formed, and extended quite a distance in every direction. Small masses of granulation formed at the parietal foramina, but showed no disposition to extend. Day after day the color of the exposed bones grew darker, and more apparent it became that the outer tables would exfoliate, therefore it was decided to perforate the dying bones in order to let granulation up from the diploic structure, and in about a month from the reception of the injury I used a hand drill, and bored twenty-eight holes through the outer tables of the two parietal bones, and os frontis, starting blood from the vascular diploic structure at every perforation. In a few days the bones assumed a lighter color, and granulations rapidly grew from every artificial opening. These

fleshy islets gradually extended until they reached each other, and covered in the osseous surfaces. Small pieces, however, that were not enveloped soon enough, exfoliated.

The vital operations in this case strikingly demonstrated that when any considerable portion of skull is deprived of all membranous covering, the outer table should be perforated with a drill in order that the vessels of the diploic structure may evolve granulations to cover the denuded bone. The perforations should not be more than a half inch apart, and the openings ought to be not less than an eighth of an inch in diameter. The thin yet dense outside lamina of the cranium will not let the growing vessel through; and this is the scale of bone which exfoliates.

Several of the tegumentary grafts first applied formed adhesions, and are extending. Epidermic scales scraped from the arm were applied to the islets of flesh as they appeared in the serrated lines of the cranial sutures, and to the granulations springing from the perforations, but as yet it is not apparent that any tegumentary tissue is forming from them.

After the new flesh is full and uniform all over the head, it is my design to apply tegumentary grafts quite near each other. But the reports I have obtained from those who have had experience in skin grafting while managing extensive wounds of the scalp, are not so flattering as I could wish.

Thus far, in the treatment of Miss Dawson's case, there have appeared but two complications that gave the patient unlooked for distress; one came from a burrowing of pus beneath the integument of the back of the neck, and the other from a troublesome abscess that formed at the base of the left ear. The first was overcome in a few days by pressure exerted through a compress; but the second was more persistent.

The patient lost considerable flesh during the first four weeks, and occasionally exhibited signs of dangerous vital depression; but she is taking more nourishment now, and is evidently recuperating.

A weak lotion of salicylic acid served an excellent purpose in preventing unpleasant odors; and in keeping the wound in a wholesome condition. Mayers' ointment is now being used as a dressing; and it seems to keep the granulations in a firm condition. One of the reasons why integument will not extend itself upon wide areas of open surface is, that the granulations are too exuberant, fungous and spongy. When rendered compact and adhesive by a proper dressing, a cuticular cicatrix puts out from the border of the ulcer and covers it in. Sometimes the border of the ulcer becomes a constricting band that needs incising before the tegumentary forces can be exerted to advantage.—*The Medical Review.*

---

### *Infantile Ophthalmia.*

Dr. Jabez Hoag, of the Westminster Ophthalmia Hospital, London, in the *Dublin Medical Press*, protests with emphasis against some statements made by Dr. Derby, of Boston, in regard to the nature and treatment of purulent ophthalmia of young infants. Dr. Derby recommends nitrate of silver as a topical application, and appears to regard the disease as the result of gonorrhoea or leucorrhoea in the mother. Dr. Hoag

unqualifiedly denies both these positions. In his view, the inflammation is nearly always a simple catarrhal affection, the result of some cold or atmospheric influence. Want of care in washing can cause it, and particularly the careless intrusion of soap, or the accidental introduction of whisky or gin, "absurdly applied to keep the infant from taking cold." Ophthalmia neonatorum, he continues, must be regarded in a vast proportion of cases as a catarrhal affection, requiring, if seen at the accession of the attack, the simplest remedies for its cure, the most important among which is strict attention to cleanliness, and the constant removal of the discharge from the eyes by the gentlest means as soon as it is secreted. The application of warm water alone, and when the secretion is profuse, followed by a very mild astringent collyrium, composed of alum, or a weak solution of the permanganate of potash, is all that we need apply. Should the case be neglected for a few days, and the papillæ of the palpebral surfaces and vessels of the conjunctiva become swollen and injected, then a very weak solution of one or two grains of nitrate to the ounce may be occasionally instilled with advantage, but this should invariably be followed up immediately by the free application of cod liver oil. At the same time, it is of the utmost importance to look to the quality of the mother's milk, and see that she is well nourished and properly cared for in every way. The administration of ten drops of cod liver oil to the infant is often a valuable adjunct to the means employed. On the other hand, if by any chance the medical practitioner should be induced to resort to the application of strong lotions of nitrate of silver, or the more dangerous "solid stick" of mitigated destructives, we must expect to see, in the majority of cases, the delicate epithelial and corneal layers quickly removed, and followed by chemosis and granular lids, or ulceration and opacity, with prolapse of the iris, and ultimate loss of sight.

---

### *Fascinations of Science.*

Mark Twain in the *Atlantic Monthly* for August, says: "The Mississippi River, between Cairo and New Orleans, was twelve hundred and fifteen miles long one hundred and seventy-six years ago. It was eleven hundred and eighty after the cut-off of 1722. It was one thousand and forty after the American Bend cut-off (some sixteen or seventeen years ago). It has lost sixty-seven miles since. Consequently, its length is only nine hundred and seventy-three miles at present. Now, if I wanted to be one of those ponderous scientific people, and 'let on' to prove what had occurred in the remote past by what had occurred in a given time in the recent past, or what will occur in the far future by what has occurred in late years, what an opportunity is here! Geology never had such a chance, nor such exact data to argue from! Nor 'development of species,' either! Glacial epochs are great things, but they are vague—vague. Please observe: In the space of one hundred and seventy-six years the Lower Mississippi has shortened itself two hundred and forty-two miles. That is an average of a trifle over one mile and a third per year. Therefore, any calm person, who is not blind or idiotic, can see that in the Old Cretaceous Silurian Period, just a million years ago next November, the

Lower Mississippi River was upwards of one million, three hundred thousand miles long, and stuck out over the Gulf of Mexico like a fishing-rod. And by the same token any person can see that seven hundred and forty-two years from now the Lower Mississippi will be only a mile and three-quarters long, and Cairo and New Orleans will have joined their streets together, and be plodding comfortably along under a single Mayor and a mutual Board of Aldermen. There is something fascinating about science. One gets such wholesome returns of conjecture out of such a trifling investment of fact."

---

*Zizyphus Jujuba.* (N. O. Rhamnos, Vernacular Bair.) By SURGEON B. EVERA.

A very common plant in the forests of Central and South India. The bark is used as a dye, and also for tanning; the root is considered a febrifuge by the natives, and oil is obtained from the kernels. O'Shannessy states that the bark is used in the Moluccas as a remedy for diarrhoea; the root with some warm seeds in infusion, in fever. The lozenges, and the thickened mucilage, called jujubes by the confectioners, are prepared from this and the *Z. Vulgaris*! Pieces of the roots, threaded into a necklace, are worn by the natives during attacks of ague. I have tried the root as a febrifuge, but find it slow in its action. In seventeen cases treated with a decoction of the root, the drug did not check the paroxysms until about the seventh or eighth day; I believe it acts more as a tonic than an antiperiodic.—*Indian Medical Gazette.*

---

### *On the Management of Lying-in-Women.*

The old theory, which represents the lying-in-woman as being in a state similar to that of a person after an amputation, the uterus being compared to the part operated on, is unscientific and untenable. Parturition is a physiological process—the fulfillment of a natural function, and has no analogy with an operation which is an interference with function. Amputation whether the result of disease or accident, involves consequences which have no analogue in the process of parturition. The uterus after labor is no more comparable to a stump after amputation than the uterus after or during menstruation. After natural labor there is nothing comparable to the collapse succeeding a major amputation; there is no fever, no suppression of secretions, no suppuration, or, if pus be present, it is not derived from the uterus at all, but from the vagina or external genitals, in the great majority of cases. The insignificant rise in temperature from  $0.5^{\circ}$  C. to  $0.8^{\circ}$  C. (the former in multiparæ, the latter in primiparæ) is due to normal physiological and not to morbid action, being the effect of muscular exertion, increased activity of the lungs, liver and other organs, when relieved from the pressure of the gravid uterus; and is only fleeting. Milk fever is far more talked of and written about than seen, and is of rare occurrence. The rise of temperature which accompanies the commencement of mammary activity, is slight, temporary, and unaccompanied by mental depression or constitu-

tional disturbance of any kind. Operations performed immediately after labor will yield kindly.

A decided alteration, then, is needful in the common mode of treating lying-in-women as patients—confining them to bed for ten or twelve days on a low diet—the ordinary puerperal dietary being such as would certainly not be given to any patient after amputation. Water gruel, barley water, tea and dry toast should be abandoned for milk, eggs, good soup, chickens and other digestible meats, to be given from the first, and of course, in quantities suitable to the conditions of individuality, want of exercise, etc. Stimulants are decidedly injurious, except in special cases. It is often urged, that, as a large amount of waste uterine tissue has to be got rid of, low diet should be adhered to; but milk has also to be secreted, and, anyhow, health and vigor will promote excretion and the performance of all vital functions better than a state of debility. Opiates, ergot and other drugs should only be given under necessity. The child should be applied as soon as the mother's state permits; if there be no milk at first, only for a moment or so, to encourage its secretion and the involution of the uterus. The binder is more of an *euthanasia* than a benefit after the first twelve hours, but not so the early removal into a fresh bed and room, if possible, and this may be done within forty-eight hours. The woman may sit up in bed for a short time from the first, a continual maintenance of the recumbent posture for ten or twelve days being as injurious as it is unnecessary; and most patients may be on the sofa on the fourth or fifth day. Above all things, the medical attendant should see that his directions are carried out, and not trust they will be so, especially as to the removal of soiled linen, etc.; not that its presence, any more than the neighborhood of privies, want of ventilation, etc., will, *per se*, develop metria any more than typhoid fever; otherwise eight or nine-tenths of lying-in-women must inevitably suffer from it, a result equally certain if medical men could convey the germs of disease with them as readily as is assumed. Cleanliness and ventilation always tend to preserve health and check disease, but they are no more needful for the lying-in-woman than nourishing food. After natural labor a woman is not in a diseased state, and the maintenance of health and vigor will be the most successful means of averting all risks.—*Obstetric Journal*.

#### *Medico-Legal Aspect of Abortion.* LEBLONDE.

From eleven cases the author deduces the medico-legal value of the integrity of membranes in abortion occurring during the early months of pregnancy.

(a.) When abortion occurs "en bloc" (embryo within sound, unbroken membranes), it is probably spontaneous; or, at least, not produced by agents which determine the expulsion of the ovum without implicating the membranes.

(b.) When the membranes are ruptured, but healthy in all probability abortion has been provoked.

(c.) When the membranes are pathologically altered, no conclusion can be derived from the expelled product, though spontaneous abortion has probably resulted from disease of the ovum.—*Annales de Gynecologie*.

**Conclusions Respecting Cholera.** BY DR. WOODWORTH.

1. Malignant cholera is caused by the access of a specific organic poison to the alimentary canal; which poison is developed spontaneously only in certain parts of India, (Hindustan.)

2. The poison is contained primarily, so far as the world outside of Hindostan is concerned, in the ejections—vomit, stools, and urine—of a person already infected with the disease.

3. To set up anew the action of the poison, a certain period of incubation with the presence of alkaline moisture is required, which period is completed within one to three days; a temperature favoring decomposition, and moisture or fluid of decided alkaline re-action hastening the process, the reverse retarding.

4. Favorable conditions for the growth of the poison are found (1) in ordinary potable water, containing introgenous organic impurities, alkaline carbonates, etc.; (2) in decomposing animal and vegetable matter possessing an alkaline re-action; (3) in the alkaline contents of the intestinal portion of the alimentary canal.

5. The period of morbid activity of the poison—which lasts, under favorable conditions, about three days for a given crop—is characterized by the presence of bacteria, which appear at the end of the period of incubation, and disappear at the end of the period of morbid activity. That is to say, a cholera-injection, or material containing such, is harmless both before the appearance and after the disappearance of bacteria, but is actively poisonous during their presence.

NOTE.—It is not meant by this that the bacteria so found are the cholera-poison, since they differ in no appreciable manner from bacteria found in a variety of other fluids. Lebert hints that the bacteria may even be the destroyers of the poison.

6. The morbid properties of the poison may be preserved in posse for an indefinite period in cholera-injections dried during the period of incubation, or of infection-matter dried during the period of activity.

7. The dried particles of cholera-poison may be carried (in clothing, bedding, etc.) to any distance; and when liberated may find their way direct to the alimentary canal through the medium of the air—by entering the mouth and nose and being swallowed with the saliva—or, less directly, through the medium of water or food in which they have lodged.

8. The poison is destroyed naturally either by the process of growth or by contact with acids: (1) those contained in water or soil; (2) acid-gases in the atmosphere; (3) the acid secretion of the stomach.

9. It may also be destroyed artificially (1) by the treating the cholera-injections, or material containing them, with acids; (2) by such acid (gaseous) treatment of contaminated atmosphere; (3) by establishing an acid diathesis of the system in one who has received the poison.

**Ozæna.**

At a late meeting of the Therapeutical Society (Paris), M. Crequy reported a case of ozæna promptly cured by hydrate of chloral. In this case, M. Crequy had employed the [chloral as follows: R Chloral Hydrate, two grammes; Aq. Destill., 250 grammes; mix. One tablespoonful of the above solution put into a tumbler, water, and used by means of a nasal douche.—*Rev. Medico Photogr.*

## EDITORIAL.

*Inflammation.*

In the olden time it was remarked, "if a man was required to say something, and knew but little, he would talk of Hippocrates and Galen, or—inflammation." Now I do not wish to talk of the ancients, and per force I must take up the subject of "inflammation." I wonder if we can not learn something of it and from it? Let us see.

The cause of inflammation is—irritation.

But as irritation simply will only produce determination of blood, we say the cause of inflammation, whatever it may be, must also impair the life of a part.

Supposing we stop at this point, and think. The cause is an *irritant*, the result in the part is *irritation*. If now we examine our case and find the cause of irritation persisting, what will common sense tell us to do? You answer "take it away." Let us have some examples in illustration.

A person railroading with an open window, catches a cinder with his eye, much to his discomfot. The irritation is marked, the eye complains, it grows red, hot, swollen, painful, and at the end of the journey the patient applies to you for relief—the cinder still there—what will you give him? An emetic, a physic, a diaphoretic, a diuretic, a nauseant, a blister on the nape of the neck, and some favorite collyrium as a local application? I have seen just such things done.

A person from over-use has grown an ophthalmia or conjunctivitis, and takes his affected eyes to you for treatment. You give him cathartics, alteratives, tonics, baths, eye-washes, and counter-irritation, and allow him to continue the use of the eyes in his business. Is not this a similar case? do you remove the cinder?

Here we have a case of acute rheumatism, and we run the patient through the entire list of sedatives, anti-rheumatics, diaphoretics, diuretics, cathartics, local applications, stimulant, sedative and otherwise, but we fail to provide rest for the part. The involuntary movement and the necessity of supporting itself is a source of continued irritation. Have we removed the cinder?

Here is a woman suffering from uterine disease, the result of rapid child-bearing, prolonged lactation and sexual abuse, sources of continued irritation and disease. We prescribe washes, make local applications ourselves, use pessaries, and prescribe an endless routine of tonics, restoratives, alteratives, and agents to act upon the uterine apparatus, but we do nothing, not even so much as good advice, to rectify the wrongs first named. Have we removed the cinder?

Here is a case of persistent dyspepsia, chronic gastritis, in which the stomach is persistently complaining. The patient eats (bolts) his food without chewing or insalivation, eats more than he requires, and of material that should not be taken even by a healthy stomach, and thus continuously renews the irritation. We prescribe bitters of various kinds, pepsin, alteratives, remedies to open the bowels, counter-irritation, it may be an irritating plaster over the stomach. We do not rectify the wrongs

of eating, and are surprised that the patient does not get well. Have we removed the cinder?

Here is the child suffering with persistent diarrhoea in the Summer, and if we cared to learn we would find that it had improper food in improper quantities and at improper times. That the mother has taken its warm clothes off at the commencement of hot weather because the child suffered with *heat*, and the rash has disappeared, and the skin seems almost dead as we put our hand upon it. We give the child aconite and ipecac, nux, euphorbia, colocynth, neutralizing cordial, or what not, and feel surprised that the child does not get well. But we have not looked after the food, the nursing, the hygiene, or the clothing. Have we removed the cinder?

Here is a person suffering with bronchial disease, and there is evidently a tendency to the deposit of tubercle. The person is working in a hot stove room, where all the moisture is burned out of the air, and where there is no protection against irritant particles set free by machinery. Without any provision against these sources of irritation, we prescribe *our* cough syrups, tonics, and restoratives, use counter-irritation freely, and are surprised that the patient does not get well. Have we removed the cinder?

It strikes me that we may learn something from these illustrations, and it would not be a bad plan to have the following maxim (as is the fashion) in illuminated letters hung up in the office:—"Always remove the cinder."

But leaving the cause, we find as a first and prominent condition of inflammation—an *irritation* of the part. This is the cause of the increased circulation of blood to the part, of the heat, the redness, the pain, and in part the swelling. In the first stage the inflammation may rest upon it so wholly, that if the irritation is arrested by any means, the inflammation will stop. At any stage of the disease it is an important factor, continuing and giving intensity to the process of disease, and endangering the integrity of the part.

Let us think then of this irritation and of the means which will arrest and remove it. Here as elsewhere we propose to think *directly*, and realize exactly the condition of the part, and the remedies which reach it directly or indirectly.

When we study pathology we learn that this irritation and the intensity of the inflammation depend to a very considerable extent upon an excited circulation, a high temperature, arrested secretion, excited innervation, and wrongs of the blood. When we study therapeutics (modern) we learn that means which lessen the excitement of the circulation, which reduce the temperature, which establish secretion, which give normal innervation, and which rectify wrongs of the blood, are among the means which lessen or take away the irritation of the part.

In studying the action of remedies upon the body we learn that many have special affinities for certain organs or parts, and when introduced into the general circulation they go to these parts and exert their influence upon them. These remedies, or at least a part of them, may be classified as sedative and stimulant—they remove irritation, or they serve

as excitants. If now we want to remove the irritation of the inflamed part, we think first of the remedies that act upon it, and then of such as may exert this sedative action.

We have already noticed the necessity of *rest* in the treatment of inflammation. We not only want physical quiet, but we use such medical means as may give rest. A very good example may be had in the strapping of the breast in mammary inflammation, and the testicle in orchitis.

The local remedies are selected in the same way. We have here the case of felon in the first stage, and we paint it with veratrum, and arrest the disease. Here is a case of tonsillitis or quinsy just commencing, we use a spray of aconite and the inflammation stops. Another of acute pharyngitis is arrested by the cold pack. Even if the disease is not arrested, we modify it by the use of sedative applications, cold, hot fomentations, poultices, and remedies of similar character.

Is it not better to think directly in this way, than to wander around among a hodge-podge of cathartics, diaphoretics, diuretics, nervines, *et idem* genus? Let us write for our second maxim:

*The irritation of the part is to be removed, or lessened as much as possible.*

But the life of the part is always impaired—without this there could be no inflammation. The cause of the inflammation, whatever it may be, impairs the life of the part, and the inflammatory process, as it advances, may still further impair or destroy it. We have learned that the *irritation* caused an increased flow of blood to the part, and an active circulation in it. The impairment of life leads to dilatation of the capillaries, a sluggish circulation in them, exudations, and finally a complete arrest of capillary circulation. If originally sufficient, or increased by the intensity of the disease, the life of the part is lost, and the inflammation terminates in suppuration, or gangrene.

Now we propose to think again, and each case requires this thought—to what extent is the life of the part impaired, and of course, what is the danger of death. We need not forget the irritant, or the irritation when we think of the third factor. We remove the irritant, we remove the irritation, and we propose to conserve and strengthen the life of the part.

Let us notice the effect of the old methods of treatment, in this relation. What is the effect of blood-letting, mercurials, tartar emetic, blisters, starvation? They impair the life of the body in its entirety, and in every part, and the influence is decidedly towards a termination of the inflammation in death, either by suppuration or gangrene. That's very good, (?) that's our "Old School" friend, you can not hit *him* a lick amiss. But how is it with cathartics—Podophyllin, Compound Powder of Jalap and Scammony—with nauseants, and the usual routine of big doses of nasty medicines directed to the skin, the kidneys, the liver, the nervous system. You cry, "Don't kick him, that's our dog!" So he is, or was, and a most worthless cur, and never received a kick amiss. You do not believe it? Let us see.

There is nothing like realizing how it would be on your own person; just try a little of it as an experiment. Take Podophyllin or any other of the common cathartics to the extent of giving you from two to a dozen fluid evacuations every twenty-four hours for a week; if you do not find

yourself debilitated, then I am no prophet. Try a nauseant, and keep your stomach in a state of constant nausea, and notice the effect upon your strength. Take of any of the mixtures you are in the habit of giving so freely, and see if it does not "take" your appetite, your digestion, your comfort and your strength. Try a blister eight by ten, thoroughly drawn, cabbage-leaved and poulticed, and see how you will come out. There is nothing like having a realizing sense of this iniquity.

Now let us think. What is necessary to conserve and sustain the strength—the life—of the body, and of each individual part? If we take the healthy man, we find that food, good digestion, excretion and good innervation are essentials. Is it the same with the sick man? I think it is. Let us keep the stomach and bowels in good condition for their function; let us keep the patient as free as possible from excitation of the sympathetic, spinal, and cerebral nervous systems. Let us give him that rest that the enfeebled body and part require. Let us in all things make the life of disease as pleasant as possible, instead of as unpleasant as possible.

But as we analyze the case of inflammation before us, we find that in some the irritation is the prominent feature, in others it is the impairment of life. We have already considered the means for the first, now let us think of the second. Impairment of life! What termination, so far as the part is concerned, does this lead to? Most assuredly suppuration, or death by sloughing or gangrene. If these are undesirable terminations, what have we to think of in the treatment? Most assuredly of those means which will conserve, sustain, or increase the life of the part.

We have already seen that remedies were elective, and influenced certain parts, and that they might be divided into two classes, sedatives (sometimes depressants) and stimulants or tonics. If now we desire, especially, to sustain the life of the part, we employ the stimulant remedies. In acute inflammation, where there is a vigorous circulation, and excitement marked, we can afford to use cold, direct sedatives, hot fomentations, or poultices. But in many cases of inflammation, we dare not use them—to do so is to risk the life of the part and the patient. I recall the case of a friend, who being exposed to cold, had inflammation of the lungs, the Doctor applied the half-sheet cold pack to the chest and—there was a funeral. In another case of not very severe injury of the foot, the physician in attendance poulticed it continuously for five days, and when I was called it was with difficulty that with the use of permanganate of potash and sulphate of zinc, I could save enough for the man to walk upon. I have seen scores of cases of felons in which the finger was poulticed until the bones were wholly destroyed, and had to be removed. I have seen carbuncles poulticed until they were as large as saucers, in one case as large as a dinner plate, and the spinous and transverse processes of the vertebræ dissected out. I have seen two cases of purulent conjunctivitis in which the eye was destroyed by poultices. I have seen a woman's breast poulticed until it was completely rotted and destroyed. I have seen the head of the penis poulticed off, in cases of chancreoid. It is hardly worth our while to name more, for you have doubtless seen them.

When, therefore, we have impairment of the life as a principal feature, our local applications become stimulant and tonic, not sedative and relaxant. We think of the ordinary stimulants of the *Materia Medica*, of the antiseptics, sulphurous acid, baptisia, permanganate of potash, chlorate of potash, sulphate of zinc, etc.

Thus I think the reader will see that we may learn something by a consideration of this trite subject inflammation, (whether we could have learned anything from Hippocrates or *Æsculapius*, I do not know) and we may learn another lesson from it next month.

There are "Sermons in stones, books in running brooks," if we only look after them.

### Chorea.

I have had a number of letters the past six months, asking an article on, or treatment for this unpleasant disease, and I conclude that the cases are more numerous than usual. The last letter wants my "very best receipt for St. Vitus' Dance," a not uncommon form of request.

No one finds any difficulty in the diagnosis. The involuntary movement of the muscles, increased by excitement, and the want of command over them, is so marked that there can be no mistake. There is some doubt as to the pathology. The disease may be essentially of the cerebellum, basilar portions of the brain, and spinal cord, or it may be primarily of the blood and of nutrition. But, fortunately, we are not obliged to solve this question, the selection of remedies depending upon something else.

In all cases I believe it is well to give attention to the hygiene of the case. The patient must have sunlight, air and exercise, and they are best taken together. The patient wants a reasonable appetite, the digestive organs in good condition, and good food. Of the excretory organs, the bowels should be kept in good condition (not physic), and the skin healthy. In many cases the minute dose of podophyllin 1-20 grain with phosphate of hydrastia  $\frac{1}{4}$  grain, once a day, exerts an excellent influence, improving the appetite, digestion, and excretion. The inunction with quinine and lard is the best bath, in the majority of cases.

If I had to recommend a single remedy for chorea, it would be *macrotya* with *valerian* (that's very like an Irish bull, a single remedy composed of two). The prescription would read: *R Tinct. Macrotya*, (green root)  $\text{ʒss}$ ; *Tinct. Valerian*,  $\text{ʒj}$ ; Dilute Alcohol,  $\text{ʒijss}$ ; a teaspoonful every three hours. *Macrotya* is the remedy, but in many cases it acts better with the *valerian*.

Here is the case in which the girl is in moderately fair flesh, but pallid, and tissues lack life, the tongue being pallid and inclined to be pasty. We give small doses of Rademacher's Copper alternately with the *Macrotya*.

Here is another case in which the tissues are not full, skin lacks elasticity, and we have the indications for arsenic (see *Specific Medication*.) In this case we prescribe Fowler's Solution,  $\text{gtt. x.}$ ; *Tinct. Macrotya*,  $\text{ʒss}$ . to  $\text{ʒj}$ . to water,  $\text{ʒiv.}$ ; a teaspoonful every three hours.

Here is another in which the tissues are moderately full, but doughy, and the patient complains of great lassitude, uneasiness, and is but little

interested in what is going on around her. We prescribe Graphites alternated with Macroty's.

In another, the girl has reached the menstrual age, and has too free a flow, leucorrhœa, and is inclined to other hemorrhages. We give her the first or second decimal trituration of charcoal three or four times a day, and macroty's in the usual doses.

In this case the patient complains of dull, constant pain in the back of the head. Or the veins are remarkably distinct and very blue, and we expect marked benefit from iron.

Here as elsewhere we want a thorough analysis of the disease; and a treatment for *this* person, and not for an imaginary case of chorea.

---

### *Grindelia Robusta.*

This remedy is now in the market, and can be procured from any of our pharmacists. It is likely to prove very valuable, and our readers should read the articles on it in last year's journals. I have no new uses to report, though I have additional cases showing its marked curative action in chronic ulceration ("old sore legs,") and in some cases of asthma. The first use is so important that we can not afford to overlook the agent, and its decided action in these cases will suggest other similar uses.

Do not expect it to cure all cases of asthma; no remedy can do this. It will probably give greater relief in those showing catarrhal symptoms. Try it in chronic conjunctivitis, and especially in iritis.

---

### *Penthorum Sedoides.*

Unfortunately our druggists failed to obtain a supply of this new remedy in the Fall, and our readers will have to wait another year's growth. I think it will prove a most valuable addition to our list of remedies, exerting as it does so decided an influence on mucous membranes. I have had better results from it in cases of catarrh (ozæna) than from any other agent I have ever employed. It has given good results in chronic pharyngitis, catarrhal laryngitis, chronic bronchitis with increased secretion, and in catarrhal conditions of stomach and bowels. It has served an excellent purpose as an injection in chronic vaginitis and disease of cervix uteri, and when out of the grindelia I have substituted the penthorum as a local application to chronic ulcers.

We will expect to hear good reports of it next year.

---

### *Office Pharmacy.*

I have received from Dr. J. J. Bricker some of the finest tinctures that I have ever seen or used. It is a source of constant wonder to me, that our pharmacists can not be persuaded to make the *best* of medicines. True it would require more care, more trouble, and a little more capital, but I am sure it would pay in the end. Let us see. They use their capital now in carrying heavy staples at a profit of five to twenty per cent.; they could do quite as much business in the manufacture of fine tinctures at a profit of fifty to one hundred per cent., and we would very gladly pay it to them.

Our indigenous remedies should be gathered at the proper season of the year, in right localities, and at once made into tinctures. The year's supply should be had and kept in this way, and then and not until then, will we have good medicine.

As I have said so often—every physician should gather and prepare a sufficient number of remedies to learn to know what they are, and to appreciate them in practice. Then, and not until then, will our pharmacists be obliged to come up to the standard of really good medicines.

---

*Brooklyn Eclectic Dispensary.*

We have received the Annual Report of this charity, and are glad to learn of its continued success. The report shows 8,340 patients treated during the year; 9,583 prescriptions dispensed, and 334 visits to patients at their homes.

The following are the officers of the Dispensary :

*Trustees.*—Joshua P. Powers, President; Horatio E. Firth, Secretary; Dennis E. Smith, Treasurer; John G. Auten, Frank W. Taber, W. H. Wilder, Wm. B. Dayton, Wm. G. Lawrence, Thos. E. Pearsall, Richard C. Reynolds, Daniel Van Nostrand, Jas. H. Pittinger, Jas. E. Raymond.

*House Surgeon.*—L. B. Firth, M. D. Hours from 10 A. M. to 2 P. M.

---

*Vaccination.*

In England the majority of those calling themselves *herbalists, botanics*, and Eclectics, are prominent members of the anti-vaccination societies, and make the opposition to vaccination a cardinal matter of reform. We have had many letters asking why we take such strong grounds in favor of vaccination, whilst those in England who claim to be Eclectics are strong opponents of vaccination, and resist the enforcement of the laws making it obligatory on parents to have their children vaccinated. To show the feeling in this respect, I give a portion of such a letter :

DEAR DOCTOR: I believe your Specific Medication theory is destined to work a revolution in the practice of medicine; that is, providing physicians will pay the price, viz., study. But in my humble opinion, your vaccination theory is doomed to destruction, and for my part I say, God speed the time. It does seem a little singular to me that while in the old country Eclectics almost to a man are opponents of vaccination, and many of them are very able men, such as the Skeltons, Stowels, Pierces, Blunts, White, Trumbull, Hitchman, and a host of others, well known to myself, and no doubt some of them by report to you. These men contend that vaccination does not only fail as a preventive, but it also acts as a producing cause of disease, and yet in this country Eclectics whose opinions I have been able to get at up to this uphold the institution. In our country we have Government appointed vaccinators, and all can be vaccinated free if they like. But as we have a compulsory law, all must be vaccinated, either at their own cost or at the cost of the country; if not you must stand the racket at repeated fines and imprisonments. One or more of the physicians mentioned above were public vaccinators, but they were

so persuaded of the evil of vaccination that they gave up their position and would not vaccinate either their own or other children. Several of them have been fined for not submitting, and still they refuse to yield. During the last epidemic of smallpox in London it was proved by the weekly statistics tabulated by Government physicians that amongst the smallpox deaths there were more vaccinated than unvaccinated. As a physician, as a father, and as one interested in the general good of the public, I myself procured statistics and information from every land. I got the life and correspondence of Dr. Jenner and the Parliamentary Blue Book, and the more I searched into the subject the more I became convinced that vaccination was useless and injurious, and to-day my opinion is that it is an unmitigated evil. I do not wish to trespass on your valuable time, but I could not help saying a word on a subject which has cost me much anxiety, and upon which we at present differ. In concluding this, I would just say if I have not seen a case of post vaccinal syphilis developed in a previously healthy child vaccinated when aged about ten, I have never seen a case of syphilis at all. I am glad to hear you have such a good class. I will not be able to come before the Fall of 1876. If spared, will sacrifice a good deal to be with you, and will use my influence to get one if not two more. Respectfully, JOHN FEARN.

I have had a very large experience in vaccination, as I have in the treatment of smallpox, and I can say that (when well done) I have found it a most efficient prophylactic against this loathsome disease. I can say further that I have never known a case, either in my own or other's practice, where syphilis was transmitted by vaccination. It is also a fact, that where vaccination is not wholly protective, it greatly modifies the disease, giving us that mild form known as varioloid.

If we take the recent outbreak of smallpox in our city as an example, we have abundant proof of the truth of the above propositions. Among the better classes of our citizens, where vaccination and re-vaccination is carefully looked after, we have scarcely a case of the disease. But among the Germans who oppose or neglect vaccination, it has prevailed extensively and had a large mortality. There is no mistaking the facts in this case, as they are under our eyes, and so prominent that there can be no possibility of mistake.

I have been in the habit of saying to my class, that the *true* vaccine disease invariably produces good vaccine lymph, without reference to the constitution, or previous disease of the patient. But it must be the *true* vaccine disease, as shown in its every part, but especially in the development of the vaccine vesicle, and this the physician must learn to recognize. Let us see if there are distinctive characters by which we may know it.

About five or six days after the insertion of the lymph, the local effects are first noticed. Determination of blood to the spot commences, the skin is swollen, and a minute vesicle makes its appearance. The swelling increases, and the growth of the vesicle is very uniform. By the ninth day it is distinctly flattened, seemingly tied down at several points, and filled with lymph of a pearly color. By the eleventh or twelfth day this inflammation commences to subside, and by the fifteenth dessication has

gone on to the formation of a hard scab, which may be removed, or will fall off by the twenty-first. This uniformly regular course, the oval or rounded form of the vesicle, flattened, tied down, the clear pearly color, are so distinctive that I do not see how any person can make a mistake. If a vaccination has run this regular course, you may safely use the lymph or the scab.

If, however, it has deviated from this course, especially if a clearly developed pustule is formed, irregular in its outline, full, not distinctly flattened, not pearly in color, but yellowish, or greenish, or if there has been distinct suppurative action, the virus should not be used. In some cases a pustular disease simulating vaccine may be produced by innoculation with a semi-purulent material. Thus if a normal vaccine has run its course, and as the crust is forming it is detached by injury, a second crust forms which may be wholly, or in considerable part be formed of pus;—vaccination with this may give rise to trouble.

In the "recent unpleasantness," soldiers were vaccinated in the hospitals from arms of erysipelatous or pyæmic patients, and there was sometimes severe and serious suffering from it. I recall a series of cases in the middle counties of Ohio, in which there was severe sloughing, sometimes exposing the bones. Quite a number of cases were months in recovering, and a few of them died.

I had an experience in my practice which was very unpleasant, and which, though instructive, I should not wish to repeat again. I usually vaccinate the class every year (Prof. Locke is now my successor in this), and some years since, on an outbreak of small-pox in the city, I was anxiously looking for vaccine to do it. A daughter of mine, visiting her grandmother in a neighboring town, was vaccinated by a medical friend, and when she returned, the arm showed a very fine crust. I learned that she had hurt her arm, and knocked the first crust off about the twelfth day, but here was a very fine fat one, and as the child was in perfect health, I looked upon it as a God-send, and took the crust for vaccination. I vaccinated nearly the entire class; in some it did not take, in a few it ran the course of the ordinary vaccination, in some others it was a spurious sore, but not very troublesome; but in seven it produced the severest local and general disease, so that the students were confined to their rooms, and in one case it seemed for a while that the arm, if not the life, was in danger.

I have seen a somewhat similar result from the use of vaccine that had been moistened and kept in the cups of ground vaccination glasses. In this case the vaccine had undergone decomposition, and had the properties of dissecting room virus.

Which is the best, the *human* or *non-humanized* vaccine? I do not know that it makes much difference, if the disease is vaccine and has run a regular course. If you are dealing in vaccine, always claim that the non-humanized is the best. Why? Because it is more readily propagated. Take a female calf, turn her belly up, and with vaccine lymph inoculate her at as many points as you can find surface sufficiently free from hair. Each point of vaccination will grow you a good "scab." Renewing your stock of calves by purchase, you may grow as much vaccine as you can sell.

*Remedies for Whooping Cough.*

"Will you send me a recipe for whooping cough? I want a specific." So writes one of our subscribers, and I doubt not that if it was put in the Journal for replies, we would get a score of formulæ, each claiming to be the very thing sought for. Now let us see if we can learn a lesson from this, for certainly there is a lesson to be learned.

I believe, and you believe, that there are specifics for whooping cough, and if we could say there is *one* specific we would have solved the problem. If we find two remedies which exert a direct influence upon the disease, but that they will not cure the same cases, what will we conclude? Necessarily that here are two whooping coughs, not one, each having something peculiar in itself, which is the indication for the remedy, and which the remedy meets. If we find three remedies which cure, but are not interchangeable, and neither will cure all cases, we conclude that there are *three* varieties of whooping cough.

Which are the remedies for whooping cough? Belladonna, Nitric Acid, Drosera, Trifolium Pratense, Bromide of Ammonium, and we might possibly add the Castanea Americana. The first two have had a reputation for the past seventy-five years, the third has been largely used by Homœopaths and Eclectics, the fourth has been used to some extent in England and in this country, and the fifth has received a decided recommendation during the past ten years. Neither one of these will favorably influence all cases, though when they are adapted to the disease the effect is most marked. Why not combine them all and give them together? Simply because the combination will not work. Let us see if we can find indications which point out the right remedy to us.

What is the common indication for Belladonna? Dullness, hebetude, disposition to sleep, impairment of the capillary circulation. Supposing then that we find this patient suffering with whooping cough, dull, stupid, drowsy, or with impaired capillary circulation, what will we give? Belladonna of course. But if we do not find this condition, what? Why, we will *not* give Belladonna, of course.

What is the common (specific) indication for Nitric Acid? The violet color of tongue—not *solid* blue or purple—but a clear, transparent violet. If, then, we have this violet-colored tongue in our case of whooping cough, what will we give? Nitric Acid certainly. But if the tongue has not this violet color, what then? Why, not Nitric Acid certainly.

If the cough shows the peculiar features of the cough of measles, we will give Drosera or an infusion of clover hay. Why? Because this cough which seems associated with this catarrhal irritation is cured by Drosera.

What are the indications for Bromide of Ammonium? Spasmodic muscular contraction. If we find this convulsive movement during the paroxysm of cough, what will we give? Bromide of Ammonium surely. Why? Because it is the remedy for this spasmodic condition.

Then, I will be asked, "But, supposing there is abundant secretion of mucus or muco-pus, won't you use a stimulant expectorant to check it? No. If Nitric Acid or either of the remedies named are indicated, it will check the secretion. But if there is dryness of the air passages, will it not be necessary to give a nauseant expectorant to establish secretion?"

No. If Drosera or Belladonna are the remedies, they will look after this matter and give us right secretion of mucus.

Whooping cough may be taken as a representative disease. We do not treat the name "whooping cough," and when we have determined that our case is this disease, we have not reached the treatment. Each case must have a complete analysis, and we select the remedy according to a special expression of disease. It is so with every other disease, when we have a name for it, we are still far from the treatment. Now we must have a rigid analysis to determine what is to be done, and the proper remedies to do it.

Then we learn the fact that a special indication for a remedy being found, it is a remedy whenever and wherever we find it, without reference to names of disease. Thus we say, that we have here five remedies for cough, whether it be the cough of laryngitis, bronchitis, pneumonia, tuberculosis, or pleurisy, or the many irritations of the respiratory apparatus that can not be thus classed. If we have the spasmodic cough, with dullness, hebetude and drowsiness, the cough medicine is Belladonna. If we have a cough with *violet* coloration of tongue, the cough remedy is Nitric Acid. If it is a cough of marked irritation, without febrile excitation (spasmodic), the cough remedy may be Drosera. If it is a cough that shows marked spinal irritation—convulsive muscular movement—the cough medicine is Bromide of Ammonium.

But these are remedies for disease where there is no cough. Thus we have already seen that we could cure a case of ague with Belladonna or Nitric Acid alone, if there was in the one case distinctly marked dullness and drowsiness, and in the other the violet coloration of tongue. Just as we may cure other diseases with Bromide of Ammonium if they show distinct convulsive or epileptiform symptoms.

---

### *The College.*

"The Winter is over and gone, the birds (Spring) begin to appear." They promise well for a large class, and a good class. By-the-by do not forget that the future of our Colleges, and our School of Medicine depends upon you. We must have men to fill our ranks, as they are depleted by age and death, and we should have others to occupy new fields as they open up. I believe we could locate a thousand *good* men this Spring, where they could build up lucrative businesses. We have applications for such almost every day.

If you have good material in your neighborhood for physicians, show them that Eclectic medicine offers as fair prospects for a successful life as any other profession or calling.

---

### *The Journal.*

Our readers will see that we step off briskly for the new year, and as yet show but few marks of age, (except the age that brings wisdom?) We expect to make good time this centennial year, as it is probably the last one *this* editor will see. We have much to do, much to learn, and we propose to do and learn all that we can.

Look at our list of receipts, and you will see that people appreciate the

Journal, and people continue to appreciate it the same way every month in the year. (As you look at the goodly column think how happy you will be to see your name figuring there the coming month, and send on the \$2 at once.) We have a goodly number of new subscribers, but we have always room for more, and there are thousands of men who want the Journal (if they knew it) quite as badly as we want them. Suggest to your neighboring physicians that the very best thing they can do is—to send for The Eclectic Medical Journal.

---

### *The Eclectic Practice of Medicine for the Use of Families.*

The new book met with an accident which will render it three weeks late, and those who have ordered will please wait patiently, and we will have it out in good shape if we are a little late. A large number have taken the proposition made in last Journal, of three copies of the new book and the Journal one year for \$10.00.

A contemporary thinks we have a good deal of *cheek*, by telling our readers "that they can best advance their interests by circulating his (my) Domestic or Family Practice of Medicine among their patrons." He thinks "the argument stripped of sophistry, is that by learning your patrons how to cure themselves, your business will be largely increased!" I know that *regular* physicians are very much afraid that the people will learn something, and thus be enabled to select their physician, and judge whether he is a good practitioner. I have yet to learn that Eclectics have cause to fear. Of this work 16,000 have been sold, and I have received scores of letters testifying to the fact that they strengthened the hands of the physicians. Of Beach's Family Practice 90,000 were sold; of King's 40,000; is it not singular that Eclectic physicians have any practice left?

But how is it with Homœopathy? They have distributed over 1,000,000 copies of their domestic works, and though people use them, the Homœopaths are wonderfully thrifty, and seem to have no lack of patrons. Indeed, I believe that the success of Homœopathy is, to a considerable extent, dependent upon thus popularizing it. People want to know, and if you do not furnish them a work on your own practice, they will buy some other.

---

### *Examples of Enforced Conservative Surgery.*

In the September number of the Journal I had an article in which I endeavored to prove that amputation was not generally necessary when a patient had suffered compound dislocation of the ankle-joint; and I referred to cases in which recovery took place without a capital operation. In confirmation of the views I then took, I will quote the report of a case of compound fracture of the tibia near the ankle, which is made by Dr. Gay in the *Boston Medical and Surgical Journal* for Jan. 13th, and runs as follows:

"Michael D., aged 30, a temperate man, was injured Sept. 27, 1875, by a cask falling upon his left leg, producing a severe compound fracture of the tibia. About three inches above the internal malleolus was a wound

an inch long, communicating with the broken tibia. On account of the extensive comminution in the vicinity of the ankle-joint, and great laceration of the soft parts, *amputation was advised* by the attending surgeons in consultation. The patient refused his consent to an amputation, preferring to take his chances with conservative treatment.

"The leg was allowed to rest in a fracture-box, with just padding enough to keep it steady, cold lotions were applied for a few days until the inflammation became developed, when an opiate lotion was substituted. Ten days after the accident an abscess formed over the fibula which required an incision. This gave a free channel through the leg, and it was thoroughly syringed out three times a day with chlorinated soda wash.

"The wounds were entirely healed in eleven weeks, and the man could bear considerable weight upon the leg. There was necessarily some impairment of motion in the ankle-joint, which will probably disappear in time.

"As a rule, compound fractures with much comminution of the bone have done better at the Boston City Hospital when treated by amputation rather than by conservative measures; but as this man refused amputation, he was treated in the ordinary, common-sense manner, and got well."

Does not this case, as far as it goes, tend to show that the ordinary, common-sense manner is worthy of further trial? Then, who knows, in these numerous cases in which amputation was performed, but half of them, yea, nine-tenths of them, might have recovered with very good limbs? It is a common remark, after a leg has been amputated, that the limb could not be saved; and, "as a rule," compound fractures and compound dislocations necessitate amputation!

Dr. Gay is an excellent surgeon, and his surroundings are conservative, therefore it is a mystery to me why he has to be compelled to try "the common-sense manner" by the refusal of a patient to have his broken leg amputated. Some years ago a man fell from a load of wood while driving to this city, and sustained a compound fracture of the leg, near the ankle; he was taken to the Hospital, and the late Dr. Blackman took surgical care of him. Preparations were made to amputate the limb, but after the patient took a few breaths of chloroform he became belligerent, and refused to submit to amputation. "Take him to his room, and let him die," said the surgeon, who had promised the class a fine piece of operative dexterity. In ten weeks the patient, who had contumaciously refused to obey the injunction to die, walked before the class and exhibited a good limb, instead of a fine stump. He recovered "in a common-sense manner," scientific nonsense having been peremptorily declined.

H.

### *The Male Urethra.*

The following abstract of a lecture delivered by Sir Henry Thompson, and published in the *Lancet* for Nov. 27th, embraces a great deal of truth, but is not altogether sound. I will quote it first, and comment afterwards.

"The urethra is not a tube in any sense we employ that word. It is rather a *continuous closed valve, capable of transmitting fluids and solids in one direction only, and transmitting nothing whatever in the opposite direc-*

tion, except in obedience to applied force. Its length in the male makes us think of it as a tube, but this is a mere accident of sex. An inch or less is amply long enough for its urinary function, as in the female; and all the length it possesses above that is quite useless as a *urethra*, and renders it liable to disease and accident—the price, and a heavy one, let me tell you, which the male pays for his specially distinguishing feature. In illustration of this, I have but to refer you to the innumerable difficulties and dangers associated with stricture, retention of urine, and calculus, which are almost unknown to the other sex. It is, then, in the male, simply a long valvular chink, traversing soft and most delicate vascular and nervous tissues, always firmly closed, and never opening except for a few seconds, during which fluids have to be transmitted from the body. Then for a few seconds, it is distended more or less, and becomes a tube if you please, for this short time and this only, equaling, perhaps, at most, three minutes in the twenty-four hours. All the rest of the time it is firmly closed, and not one drop of fluid can pass from the bladder. Of course, oozing of liquid which is generated in the walls of the tube, or which enters it by ducts, may escape, but always, inevitably, in the outward direction only.”

While I would not presume to criticise so eminent a surgeon as Sir Henry Thompson, I will venture the remark that he has over-stated the case. The valvular power of a collapsed *urethra* does not amount to much, as may be perceived when we consider what sustains continence of urine. The *urethra* will not restrain one drop of fluid that passes the neck of the bladder, but allows it to escape from the *meatus urinarius*. A paralytic who is troubled with incontinence of urine, has lost no valvular power in the *urethra*, but the sphincter at the neck of the bladder has parted with its contractile force.

Then, again, the *urethra* is capable of transmitting a foreign body toward the bladder. There are several well authenticated cases, in which boys have pushed beans, beads, and other smooth substances into the *meatus urinarius*, and these bodies have traveled backwards and entered the bladder. If these reports be true, and I believe some of them are, the *urethra* possesses active powers not inherent in a passive valve. And I am quite sure that pieces of broken catheters have found their way into the bladder, the foreign body traveling in a direction contrary to that insisted upon by Mr. Thompson as being without exceptions.

Good authority asserts that semen emptied into the *urethra* rather passively, and not ejaculated, will reach the cavity of the bladder. *Spermatozoa* have been found in unvoided urine.

The *oesophagus* is a collapsed canal, like the *urethra*; and it conveys solids and fluids mostly in one direction, except while vomiting occurs, therefore I suppose that Sir Henry Thompson, when discoursing upon that topic, would call the gullet the *oesophageal valve*.

In regard to the heavy price a male has to pay for a long *urethra*, I have little to say. I think Mr. Thompson gushes over it to an extent which the virtuous will not appreciate. Even the vile, who bring upon themselves “innumerable difficulties,” would not exchange their “specially distinguishing feature” for the stunted affair, only useful for mic-turition, that has been imposed upon the opposite sex.

***Eclectic Medical Society of the State of California.***

The second annual meeting of the Eclectic Medical Society of California met at Dr. Cook's rooms, 156 Third Street, San Francisco, Dec. 14th.

The following officers were elected for the ensuing year :

President—F. M. Clayton, M. D.

First Vice-President—W. L. Sears, M. D.

Second Vice-President—Q. H. Bundy, M. D.

Recording-Secretary—C. F. Draper, M. D.

Corresponding-Secretary—F. C. Cook, M. D.

Treasurer—L. B. Hoag, M. D.

Censors—J. W. Webb, M. D., M. R. Tewksbury, M. D., and M. Mac Rea, M. D.

The Society adjourned to meet again in Dr. Draper's rooms, Oakland, on the second Tuesday in February next, at 10 o'clock A. M.

F. C. COOK, M. D., Corresponding Secretary.

***Kansas Eclectic Medical Association.***

The Centennial Session of the Kansas Eclectic Medical Association will convene at the Senate Chamber in Topeka on the second Tuesday in February, 1876, at 2 P. M. A rousing attendance and an interesting session is anticipated.

A. M. EIDSON, M. D., Secretary.

**MARRIED**, at the residence of the bride's mother, by the Rev. W. R. Spence, W. L. JERMAN, M. D., of Milan, Indiana, and MISS S. TILLIE WOODRUFF, of Mt. Healthy, Ohio.

**MARRIED**, at the residence of the bride's mother, Jan. 5, 1876, by Rev. W. P. Mothershead, Dr. R. A. GWIN and Miss MOLLIE ESTILL SAUNDERS, all of Panola County, Miss.

**MARRIED**, at the residence of the bride's father, Wm. Brumhull, Esq., in Coyville, Wilson Co., Kansas, on Thursday, December 2d, 1875, by Rev. James M. Boone, J. Y. SIMPSON, M. D., and MISS MATTIE A. BRUMHULL, all of Coyville.

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address

DR. J. S. BARTON,  
Vera, Fayette Co., Ill.

**For Sale.**—The stock and fixtures in a drug store, doing a good fair business in a town of over one thousand inhabitants. Apply to

PUMPELLY & LANDIS, Mt. Pulaski, Illinois.

**For Sale.**—A large and desirable practice, with or without office furniture, carriages, etc. No other physician in the town, which has a population of over 1,400; all the business a man wants. City boarders make things lively during the summer months. Only a few hours' ride from New York City. A rare chance for a beginner, or in fact any man who wants to make money. Good reasons for selling cheap. For price and particulars address

DOCTOR, box 48, Spencertown, Col Co., N. Y.

## RECEIPTS FOR JOURNAL TO JANUARY 24.

A J Shutt 2, T Willis Miles 4, E S Warner 2, Jas Matthews 2, Jos Bailiff 2, J L Hoyt 2, Geo Deans 2, A S Campbell 2, Mrs. M A Stevens 2, N Bedortha 2, G F Walker 2, Jno Cary 2, O H Harney 2, F N Burton 2, J H Carper 2, J B Hunt 2, B R Mosher 2, Geo Rubard 2, A Moyer 2, E Y Brown 2, Wm Munnell 2, M M Prentiss 2, P Wilbur 2, H P Griggs 2, W F Currier 2, H L Jennings 2, M M Moffett 2, J D Burns 2, J F Maddox 2, P H Adams 2cts, J O McDowell 1, E C Bullard 2, Benj. Walden 2, E J Jenner 2, Bailey Simpson 2, T C Tucker 1, H H Sloan 2, W E Wooddell 2, A B Conoway 2, H D Weyburn 2, A Thomas 2, W A Lawrence 1, M P Schenk 2, Thos Smailes 2, J D Wood 2, Chas Band 2, J J Caldwell 2, C O Skinner 2, G W Nafe 2, P O McKinnie 2, A D Sellers 2, Edson Breece 2, H Malott 2, Bailey & Harman 4, L W & E P Henry 4, Miss H G Hammond 2, Walter Crews 2, S B Bailey 2, Wm Bray 1, Jas Anton 2, J H Moore 2, O W Bean 2, T W Barton 2, E P Davis 2, J H Rosenburgh 2, R R Lacey 2, E W Wharton 2, W L Willis 2, John Kime 2, McConnell & Bros. 2, John Homer 1.50, David Clanton 2, C B Phillips 2, M Murray 2, D N Waterbury 2, A D Clark 2, L T Beam 2, Jas McEuen 2, L J Conrad 2, L Schwab 2, R B House 2, J W Hefley 2, W M Robbins 2, J F Maddox 2, M S Leech 2, A F Tustison 1, E M Hoover 2, L Schiller 2, Geo D Reavley 4, M Worline 2, P W Shumaker 2, W S Walker 4, Jas Wilson 2, J K Heltnan 2, Nat Ossel 2, D A Arter 2, Elam Stoffard 4, M B Jamison 2, S B Fisher 2, Jas M Dehority 2, P H Wright 4, E swarts 2, L N Bartholomew 2, T M Bullick 50 cts., Geo E Sturgis 2, H R Kelley 2, H T Emies 2, J R Cromer 2, J H McGavren 2, G M Knight 2, H Corbin 2, N H Lehman 2, H Loomis 2, E M Ripley 2, M A Long 2.50, L H McLean 2, W Phillips 2, A L Stewart 4, Jno W Hall 2, E G Mason 2, A Sawyer 2, F J Young 2, H L Harris 2, P W Corya 4, F W Prentiss 2, Jno Reid 2, Wm Stevenson 2, J Gates 2, C H Case 2, S S Simmons 2, Jno C Rodgers 4, Levi Rogers 2, C W Hughey 2, Wm Mitchell 2, A A Whipple 2, W J Morris 2, W A McCall 2, B F Crumrine 1, H A Record 2, D E Smith 4, Eclectic Dispensary 4, H S Firth 2, C D Conaway 2.50, Jno Slavins 2, W H Fleisher 2, A Ennis 2, A Shepperd 2, Jairus Wood 2, W B Wagner 2, L M Thompson 2, F M Abbett 2, E Duke 2, W F Edinger 2, O L Butts 2, J C Lampman 4, C U Udell 2, S D Medaris 2, T F Bertenshaw 2, S J Smith 2, A Tillotson 2, A H Thomas 2, B Price 2, A P Snoddy 2, Mrs. Thos Sutton 2, C L Gregory 2, C S Surface 2, B W Downey 2, L L Wakefield 2, W Gray 4, G W Hull 2, N H Hobbs 2, Marquis & Co., 2, F T Sherwin 2, L B Emerson 2, T M Triplett 2, Levi Ragar 2, Thos Garth 2, Butler & Sherman 2, P S Weidman 2, Wm Merchant 2, J L Gillett 2, J Y Simpson 2, C A Tyler 2, L Southworth 2, J L Osborn 2, G W Lewis 2, Jos P Gill 2, J B Rathburn 2, D L Stryker 2, L V Duncan 2, D M Harper 2, M A Wheelock 2, S R Cowger 2, W D Snoddy 4, C E Miles 2, J W McMurtrey 2, W H Moore 1, L C Lybarger 2, M H Fitts 2, L W Critzer 1, W T Polk 2, W C Lewis 2, J D Evans 2, D Leesh 2, N P Smith 2, Q A Brown 2, R M Taylor 2, D A Chase 2, F T Allen 2, Geo W Mitchell 2, C B Golden 2, J M Fry 2, W H Weir 2, B Brown Williams 2, E B Wright 2, J D McLean 2, L V Quick 2, J H Mitchell 2, L G Higgins 2, J W Lee 4, H Benson 2, A H Morey 2, A H Hasslett 2, J W Leffingwell 2, W H Williams 2, Edwin Behymer 1, J M Wilhite 2, T S Motter 2, J W Neal 1, D J Parsons 1, J J Frey 2, A W Sidney 2, J D Pope 2, T G Matheny 2, Edgar Langston 2, W M Shean 2.50, G W Homsher 2, H A Hildreth 2, N H Haviland 2, M F Linguist 2, F J Ramer 2, Thos Antrim 2, R O Sprague 2, W F Richardson 2, Q A Corey 2, J N Baldrige 2, Jesse Stiek 2, P N Norton 4, W A Bradford 2, W R Hackney 2, F G Spencer 2, G F Adye 2, D Surber 1, M G Wölley 1, W R Wallace 2, F H Longley 4, A B Rush 2, D Surber 1, J H Gallinger 2, L L Tanner 2, Dr. Shutt 1, J G DeWolfe 2, Emma Penton 1, S L Robertson 3, L Lott 2, George M Barber 2, F C Shaw 5, J Dillworth 2, Martin Light 2, Ethan Allen 2, J F Palmer 2, E T Baker 2, A H Hattan 2, M McCarty 2, A Canfield 2, R Hoover 2, J Park McGee 2, H B Harris 2, S J Henderson 1, A A Wells 2, Wm. Hause 2, Wm Wimer 2, G W Chase 2, J B McLaughlin 4, James Scott 2, W S Cox 2, Jesse R Jones 2, George Vinning 2, H F Peckham 2, D J McDowell 2, J Moorman 2, George F Bucknall 2, O K Griffith 3, J Moorman 2, T J McMurtrey 2, O Bates 2, George H Hutohings 2, J D Battles 2, D H Dungan 2, J H Mellinger 2, J H Reynolds 2, Ira F Cameron 1, D Ray 2, D C Rowland 2, E P Jones 2, J L Morrill 2, O H Cunningham 2, A J Bushby 2, Joseph A Leech 2, Dexter Witter 2, J Stewart Dale 2, I F Matlack 2, S Summerfield 2, J B Wing 2, Harry Stockinger 1.

# CINCINNATI SAVINGS SOCIETY.

(CHARTERED MAY 10, 1867.)

Office No. 29 West Third Street.

*Six Per Cent. Interest Paid on Deposits.*

DEPOSITS OF ONE DOLLAR RECEIVED.

J. L. WAYNE, PRESIDENT.

HENRY KESSLER, VICE-PRES.

J. L. THOMPSON, TREASURER.

WM. B. FRINTZ, ASS'T TREAS.

The office hours of the Society shall be from 9 o'clock, A. M., until 3 o'clock, P. M., and on Saturdays and Mondays until 5 o'clock, P. M., and the office shall be kept open every day except Sundays and holidays.

## TRUSTEES.

R. Buchanan,  
Wm. Goodman,  
C. F. Bradley,  
Wm. M. Hubbell,

Wm. Sumner.  
T. H. C. Allen,  
O. J. W. Smith,  
R. Mathers,

Geo. Wuest.  
David Baker,  
Geo. Klotter, Sr.

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

**Hard Wood Mantels, Doors,**

**Counters, Interior Wood Work,**

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI.

Send for Catalogue.

WM. S. MERRELL.

GEORGE MERRELL.

WM. DODD.

---

REMOVAL.

---

**WM. S. MERRELL & Co.**  
**Manufacturing Chemists,**  
**PHARMACISTS,**  
—AND—  
**Wholesale Druggists,**

Have removed their office and sales department to the five story stone front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

---

Laboratory and Drug Mills, Corner Eggleston Avenue  
and Sixth Streets,  
**CINCINNATI, O.**

---

The following additions have been recently made to our large line of  
**PHARMACEUTICAL SPECIALTIES.**

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**

**Fluid Extract Yerba Santa,**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

---

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Ethereal Oils; Tincture Gelseminum (entirely from the green root); Compound Syrup Stillingia (in pint bottles); Sulph. Hydrastia. and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**Wm. S. MERRELL & Co.**

No 5. WEST FIFTH ST.

CINCINNATI.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE  
  
REPRODUCTIVE ORGANS

AND,  
  
THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MED  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES O  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:  
WILSTACH, BALDWIN & CO., PRINT RS.  
1874.

# CODMAN & SHURTLEFF'S

APPARATUSES FOR

## Atomization of Liquids for Inhalation, Local Anæsthesia etc.

By the Atomizer, any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs.

### *The complete Steam Atomizer, No. 15, for Inhalation, &c.*



The complete Steam Atomizer, No. 15.  
For Inhalation, &c.  
Pat'd Mar. 24, 1868, and Mar. 10, 1869.

It consists of the sphere-shaped brass boiler A, steam outlet tube B, with packing-box C formed to receive rubber packing through which the atomizing tube D passes, steam-tight, and by means of which tubes of various sizes may be tightly held against any force of steam, by screwing down its cover while the packing is warm; the safety-valve E, capable of graduation for high or low pressure by the spring or screw in its top, the non-conducting handle F, by which the boiler may be lifted while hot, the medicament cup and cup-holder G, the support H, iron base I, the glass face-shield J, with oval mouth-piece connected by the elastic band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M M, where it may be fixed at any height or angle required, by the milled Screw N.

The waste-cup, medicament-cup and lamp, are held in their places in such a manner that they can not fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

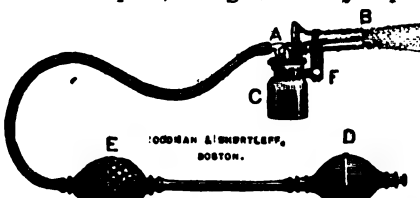
It can not be injured by exhaustion of water, or any attainable pressure of steam. It does not throw sprits of hot water to frighten or scald the patient.

It is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will render the best of service for many years, and is cheap in the best sense of the word. Price \$6.00. Brass parts Nickel plated, additional, \$2.50.

Neatly made, strong, black walnut box, with convenient handle, additional, \$2.50.

**Shurtleff's Atomizing Apparatus, No. 5, for inhalation, and with, suitable tubes for local anæsthesia, and for making direct local applications of atomized liquids, for a great variety of purposes.**



Shurtleff's Atomizing Apparatus, No. 5.  
Patented Mar. 24, 1868.

The most desirable Hand Apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and works perfectly in all positions.

The bulbs are adapted to all the tubes made by us for local anæsthesia in surgical operations, teeth extraction, and for inhalation. Price \$2.00.

Each of the above apparatuses is supplied with two carefully made annealed glass Atomizing Tubes and accompanied with directions for use. Every steam apparatus is tested with steam, at very high pressure. Each apparatus is carefully

packed for transportation, and warranted perfect. Also—

HAND BALL APPARATUS (Fig. 5, without shield) with two glass tubes,...	3.50
THE BOSTON ATOMIZER, with two glass atomizing tubes and shield,.....	\$2.50
THE TREMONT ATOMIZER, with two glass atomizing tubes,.....	2.00
GLASS TUBES to fit any of our apparatus, warranted perfect, each,.....	.25
NICKEL PLATED TUBES, for local anæsthesia and for inhalation, each,	2.00
RHIGOLENE, for local anæsthesia, best quality, packed,.....	1.00
NASAL DOUCHE, for treating diseases of the nasal cavity, eight different varieties, each with two nozzles, packed,	\$1.20, 1.50, 1.75, 2.00 and 3.50

N. B.—To save collection expenses, funds should be sent with the order, either in form of draft, post office order, or registered letter.

For complete illustrated price-list of apparatus, tubes, &c., see pamphlet.]

See next page.

Will be sent by mail (post-paid) on application,

# A P A M P H L E T

Containing two articles, by distinguished foreign authority, on

## INHALATION OF ATOMIZED LIQUIDS.

with formulae of those successfully employed.

Also an article by Dr. J. L. W. THUDICHUM, M. D. C. P., on

## A new Mode of Treating Diseases of the Nasal Cavity,

with his formulae.

Also an illustrated description of the best apparatuses for the above purposes, and for producing local anesthesia by atomization with ether, by the method of Dr. Richardson of London, or with Etherene, as described by Dr. Henry J. Bigelow in the Boston Medical and Surgical Journal, of April 19, 1893.

All our Atomizing Instruments are made with the utmost care, with a view to their complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded to us by the Middlesex Mechanics' Association, for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New England Surgeon and physician:

"1893. Codman & Shurtleff, Boston, Mass., one case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. The various other instruments for inhalation of atomized liquids and for local anesthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture.—Gold Medal.

(Signed) GILMAN KIMBALL, M. D. Chairman."

Also by the Mass. Charitable Mechanics' Association, Exhibition of 1893—a Silver Medal, the highest medal awarded for Surgical Instruments.

### ALSO FOR SALE.

\*Carmann's Stethoscopes:—

Disarticulating.....\$7.00

\*Knight's Modification.....9.50

Simple Throat Mirrors.....1.00

Ophthalmoscopes, Lieberich's.....4.00 to 6.00

Bolt's Dilator, Improved.....20.00

Barnes's set of three, with Inflator

and Stoppedocks.....5.00

Large Ear Mirrors, Troltsche's.....3.50 to 5.00

Hypodermic Syringes.....3.00 to 13.00

\*Miller's Intra-Uterine Scarificator, in

case, (post-paid).....7.00

Lente's Intra-Uterine Caustic Instru-

ments.....1.25 to 3.50

Sponge-Tents, plain and carbolic, each .25

\*Dr. Crotter's Retroversion and other

Fractures.....3.00

Gaiffe's Electro-Medical Apparatus.....15.00

\*Dr. E. R. Storer's Combined Speculum 6.00

French Bobber Urinals, with valves, male,

for night or day.....6.00

Male, day only.....2.50 to 4.00

French Rubber Urinals, female for day

only.....3.00

Vaccine Virus, warranted, 10 quills.....1.50

1 Crust.....3.00

\*Vaccinators, Whittemore's Patent Au-

tomatic, for Crust or Lymph flesh

from arm.—Instantaneous, certain,

and almost painless (post-paid).....3.00

Automatic Vaccinator, in case.....3.50

Powder Syringes.....2.00

Laryngoscopes, Complete.....16.00 to 30.00

\*Dr. Oliver's Laryngoscopic Lantern.....4.00

The same with Auto-Laryngoscopic

attachment.....3.00

The same with ditto and three Laryn-

goscopic Mirrors, in case.....9.00

\*Send for Descriptive Circular.

Amputating, Trephining, Excising, Pocket, Dissecting, Throat, Eye, Ear, Uterine, Obstet-

ric, and all other special and general sets of Instruments on hand and made up to order.

Trusses—Spinal and abdominal Supporters—Shoulder Braces—Suspensory Bandages—Elas-

tic Hose—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr.

Sayree's Splints for Hip-joint Disease—Fever Thermometers—Respirators—Syringes—

Crutches—Universal Syringes—Galvanic Batteries and Apparatus—French Conical and

Olive-Tipped Bougies and Catheters.

Skeletons, Skulls, and Anatomical Charts on hand; Manikins, Anatomical and Pathological

Models imported to order; prices on application. All Instruments, Implements, and

Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles,

Bow Legs, Spinal Curvature, and other deformities, made to order.

Apparatus for Paracostele Thoracic, approved by Dr. Bowditch, and accompanied with

directions kindly furnished by him.

Having our Manufactory with steam power, and a corps of experienced workman con-

connected with our store, we are able promptly to make to order new Instruments and appa-

rus and to supply new inventions on favorable terms.

Instruments Sharpened, Polished and Repaired.

Our Atomizing Apparatus is for sale by MAX WOCHER & SON,

105 West Sixth street, Cincinnati.

Also by WM. AUTENREITH, 71 West Sixth St. Cincinnati.

An illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid,

on application.

CODMAN & SHURTLEFF,

Makers and Importers of Surgical and Dental Instruments.

13 and 15 TREMONT STREET BOSTON

# H. H. HILL & CO.,

WHOLESALE DEALERS IN

## Drugs, Liquors, Medicines, AND CHEMICALS, BARKS, HERBS, ROOTS, ETC.,

Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.

FRESH VACCINE VIRUS Constantly on Hand.

---

## Hall's Silver-Plated Electrodes,

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

For -

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

## THE AMERICAN DISPENSARY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotya Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each.  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use.  
Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
N. W. COR. COURT AND CUTTER STS.  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.

All articles furnished of the best quality, and no pains spared to give entire satisfaction.

Prices as low as those of other reliable houses.

---

## Fractures and Dislocations.

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*

**SECOND EDITION.**

Will be sent by mail free of postage, on receipt of the price, \$4.00.

Address

**JOHN M. SCUDDER,**

228 Court Street, CINCINNATI.

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homœopathy, Eclectic, The Physician, The Practice of Medicine, Quackery.

**PART I**—*Anatomy and Physiology.*—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.**—*Hygiene.*—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquor as a Cause of Disease.

**PART III.**—*Medicines for Family Use.*—Use of Medicines, Emetics, Cathartics, Diaphoretic, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.**—*Management of Accidents and Injuries and Surgical Diseases.*—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Piles, Fistula in Ano, Chronic Diseases of the Lungs, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.**—*Diseases and their Treatment.*—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Billious Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid Vaccination, Chicken Pox, Measels, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhoea, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Fæx, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.**—*Notes on Nursing.*—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advices, Personal Cleanliness, Observation of the Sick, Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Childbirth in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.**—*Diseases of Women.*—Amenorrhœa, Dysmenorrhœa, Menorrhagia, Leucorrhœa, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anteversion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.**—*Care and Management of Children.* The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opals, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
**CORNER OF COURT AND PLUM STREETS,**  
**CINCINNATI, OHIO,**

Prepare and keep on hand all articles of **THE ECLECTIC SCHOOLS**, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, etc., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**

AND

**Manufacturing Chemist,**

**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**

**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of officinal strength.**

**Officinal Pills, Plasters and Comp. Pow**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures    Speciality.**

**THE ECLECTIC**  
**Practice of Medicine**  
**For Families.**

**BY JOHN M. SCUDDER, M. D.**

**Price \$5.00.**

**Address**

**JOHN M. SCUDDER, M. D.**  
228 Court Street, Cincinnati.

---

**ROBERT CLARKE & CO.,**  
**Publishers, Booksellers, Stationers**  
**AND IMPORTERS.**

**DEALERS IN**  
**Law, Medical, Theological, School and Miscellaneous Books.**

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,**  
**CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,

54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

BY JOHN M. SCUDDER, M. D.

SIXTH THOUSAND.

REVISED AND ENLARGED EDITION.

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO'S

## Pure Concentrated Medicines,

### CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 5 ozs., and 1 lb.

#### VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides.....	\$1.50
1 Crust.....	3.00
Sent by mail on receipt of price.	

#### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1759.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50.      Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

**WM. AUTENRIETH,**

Formerly 18 years with M. WOCHER,

SUCCESSOR TO W. Z. REES,

77 West Sixth St.,

At Walnut and Vine, CINCINNATI.

Manufacturer of

## Surgical and Orthopædical INSTRUMENTS,

Abdominal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
Rubber and Syringes, Stomach Pumps,  
Little Bags, Medicine Cases, etc.

**STOCKINGS FOR VARICOSE VEINS.**

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

**MAX WOCHER & SON,**

MANUFACTURER OF

**Surgical, Dental & Orthopædical  
INSTRUMENTS.**

Calling the attention of physicians to our  
very extensive and most complete assortment  
of instruments, we beg to state that we shall  
continue, with increased facilities, to add to  
our stock any thing new and desirable which is  
recommended by authorities here and abroad,  
to satisfy all demands of the medical profession.

Prices of our goods are kept strictly uniform  
with those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
every respect.

### SPECIALTIES.

Trusses of every description.

Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
and for all other deformities, made to order,  
with all the latest improvements.

Electro-Medical Apparatus of various kinds,  
as physicians' office use.

Also a large variety of the most improved  
Abdominal Supporters, either elastic or with  
steel springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Dr. Drescher's Electro-Magnetic and Galvanic  
Batteries.

Keen's Uterine Supporters.

Edman & Shurtliff's Atomisers.

Davis & Kidders' Magneto-Electric Machine.

Jay's Improved Splints, which we sell either in  
full sets or by single pieces.

On all above goods our price is the same as  
that of the manufacturers.

105 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



**A. JACKSON HOWE, M.D.**  
OFFICE, N. E. COR. FOURTH & MAIN.  
CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

**JOHN KING, M.D.**  
**OCULIST AND AURIST**  
138 Ninth Street. Cincinnati.

Office Hours from 9 A. M. to 3 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

**WM. H. DAVIS, M. D.**  
Springfield, Illinois,

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

**DR. J. M. SCUDDER,**  
228 COURT ST.

**EDWIN FREEMAN, M. D.**  
Office, corner Eighth and John sts.  
CINCINNATI.

Special attention given to treatment of fis-  
tula, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

**PROF. Z. FREEMAN, M. D.**  
OFFICE, 280 WEST SIXTH STREET  
CINCINNATI.

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

**SIXTH EDITION JUST ISSUED.**

# **SPECIFIC MEDICATION**

**AND**

# **SPECIFIC MEDICINES.**

**REVISED,**

**WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION**

**AND A**

***Report of Cases Illustrating Specific Medication.***

**BY**

**JOHN M. SCUDDER, M. D.,**

**PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.**

**SIXTH ENLARGED EDITION.**



**CINCINNATI:**

**WILSTACH, BALDWIN & CO., PRINTERS.**

**1873.**

**LITTLE BUT GOOD.**

**WARRANTED NOT TO RUN OFF AT THE BOWELS.**

**SENT BY MAIL FOR \$2.50.**

## PRICES CURRENT

— OF —

## RESINOIDS,

SOLID AND FLUID EXTRACTS,

CERATES, PLASTERS, OINTMENTS, POWDERS,

SYRUPS, TINCTURES, Etc., Etc.

PREPARED BY

H. H. HILL &amp; CO.

WHOLESALE AND MANUFACTURING DRUGGISTS,

S. E. Cor. Fifth and Race Streets, Cincinnati, Ohio.

---

FEBRUARY 1st, 1876.

---

TO OUR FRIENDS AND PATRONS.

To meet the demand for Quotations of our articles, and to facilitate answers, we again issue a Catalogue, which, we hope, may be useful both in giving our customers an idea of the class of goods we manufacture and keep for sale, and, at the same time, serve for reference when ordering their supplies.

The prices given are, of course, subject to the fluctuations of the market. Should a variation from the within figures be noticed in our invoices, it must be attributed to the subsequent changes in the prices of goods. Our customers may rest assured that we will, at all times, give them the benefit of the lowest prices. Orders are filled as promptly as circumstances will permit. All goods are carefully packed, and delivered in good condition to the transportation companies. In case of damage or loss, persons will please look to the transportation company for damages, and not to us.

A liberal discount made according to amount purchased.

We will give special quotations for large quantities when desired.

Containers Boxes, etc., are billed at reasonable rates.

**TERMS CASH ON DELIVERY.**

# PRICES CURRENT

—OF—

## CONCENTRATED PREPARATIONS

### RESINOIDS AND ALKALOIDS

	Per oz.
Alnuine.	From Tag Alder..... \$1 00
Ampelopsin.	" American Ivy..... 1 25
Apocynin.	" Degsbane..... 1 70
Asclepidin.	" Pleurisy Root..... 1 80
Baptisin.	" Wild Indigo..... 1 25
Caulophyllin.	" Blue Cohosh..... 90
Cerasin.	" Cerasus..... 1 25
Cimicifugin or Macre-	" Black Cohosh..... 60
Colocynthin. [tin.	" Colocynth..... 3 50
Cornin.	" Dogwood..... 85
Corydalin.	" Turkey Pea..... 3 00
Cypripedin.	" Ladies' Slipper..... 1 75
Digitalin.	" Foxglove..... 1 80
Dioscorein.	" Wild Yam..... 1 75
Eryngin.	" Corn Snakeroot..... 1 00
Euonymin.	" Wahoo..... 1 75
Eupatorin.	" Boneset..... 1 00
Eupurpurin.	" Queen of Meadow..... 1 70
Gelseminin.	" Yel. Jessamine..... 2 75
Geranin.	" Cranesbill..... 1 00
Gillenin.	" Amer. Ipecac..... 1 25
Helonin.	" Unicorn Root..... 2 50
Hydrastin.	" Golden Seal..... 1 75
Hydrastia, Mur.	"..... 2 60
Hydrastia, Sul.	"..... 3 50
Hyoscyamin.	" Henbane..... 3 50
Iridin.	" Blue Flag..... 1 40
Jalapin.	" Jalap..... 3 00
Juglandin.	" Butternut..... 90
Lepandrin.	" Culver's Root..... 65
Lobelin.	" Lobelia..... 2 40
Menisperm.	" Yel. Parilla..... 1 75
Myricin.	" Bayberry..... 1 00
Panduratin.	" Conv. Pandurat..... 1 25
Phytolaccin.	" Garget or Poke..... 1 25
Populin.	" Aspen Poplar..... 1 20
Podophyllin.	" Mandrake..... 60
Prunin.	" Wild Cherry..... 90
Petlin.	" Wafer Ash..... 1 50
Rhusin.	" Sumach..... 1 00
Rumicin.	" Yellow Dock..... 1 00
Sanguinarin.	" Bloodroot..... 1 25
Scutellarin.	" Scullcap..... 2 00
Senecionin.	" Liferoot..... 1 00
Stillingin.	" Stillingia..... 2 75
Trillin.	" Birthroot..... 1 25
Veratrin.	" Amer. Hellebore..... 2 25
Verbenin.	" Blue Vervain..... 1 20
Viburnin.	" High Cranberry..... 2 00
Xanthoxylin.	" Prickly Ash..... 1 75

### OLEO RESINS AND ETHERIAL OILS

	Per lb.
Oleo-Resin of Alettris (Alettrin, Soft)	..... 4
Apocynum (Apocynin, Soft)	..... 4
Ascleps (Asclepidin, Soft)	..... 4
Eupatorium Purpureum (Eupur'in, Soft)	..... 4
Iris Versicolor (Iridin, Soft)	..... 4
Liatris (Liatrin, Soft)	..... 4
Ptelea (Ptelein, Soft)	..... 4
Rhus Glabra (Rhusin, Soft)	..... 4
Xanthoxylum (Xanthoxylin)	..... 4
Oil (by Ether), of Arnica (Flos. Arnica)	..... 4
Capsicum (Cayenne, Af.)	..... 4
Ergota (Ergot)	..... 4
Filix Mas (Male Fern)	..... 4
Lobelia Sem. (Lobelia Seed)	..... 4
Oil (by Ether), Piper Nigrum (Black Pepper)	..... 4
Stillingia Syl	..... 4
Xanthoxylum	..... 4

### SOLID EXTRACTS

	Alc.	Per lb.	Co
Aconitum Nap.	Aconite	..... \$4 00	
Anthemis Nob.	Chamomile	..... 4 00	
Apocynum And.	Butter Root	..... 4 00	
Apocynum Canab.	Indian Hemp	..... 4 00	
Arctium Lappa	Burdock	..... 4 00	
Asclepias Tub.	Pleurisy Root	..... 4 00	
Atropa Belladonna.	Belladonna	..... 4 00	
Aletris Farinosa.	Unicorn Root	..... 5 50	
Aralia Rac.	Spikenard	..... 4 00	
Barosma Cren.	Buchu	..... 5 00	
Baptisia Tinct.	Wild Indigo	..... 4 00	
Cannabis, Ind.	Ind. Hemp True	..... 3 50	
Caulophyllum T.	Blue Cohosh	..... 4 00	
Chimaphila Um.	Princes Pine	..... 4 00	
Cinchona.	Black Cohosh	..... 3 50	
Columba.	Peruvian Bark	..... 6 00	
Colocynth.	Columbo	..... 3 00	
Colocynthis Co.	Colocynth	..... 6 00	
Corydalis Flor.	Colocynth Comp.	..... 5 00	
Cornus Florida.	Turkey Pea	..... 4 00	
Conium Mac.	Boxwood	..... 3 50	
Cubeba.	Poison Hemlock	..... 4 00	
Cypripedium.	Cubeba	..... 6 00	
Digitalis.	Nervine	..... 5 00	
Dioscorea VII.	Foxglove	..... 3 50	
Dulcamara.	Wild Yam	..... 4 00	
	Bitter Sweet	..... 4 00	

## SOLID EXTRACTS—Continued.

	Alc. Per lb.	Com'n. Per lb.
Ignatium Perf.	Boneset..... 3 75	1 25
Ignatium Purp.	Queen Meadow..... 4 00	
Verana	Gentian..... 3 00	1 25
Chimaph.	Yellow Jessamine.....	
Chimaph. Mac.	Cranebill..... 3 00	1 50
Chimaph.	Cotton Root..... 6 00	
Chimaph. Can.	Golden Seal..... 4 00	2 00
Chimaph.	Henbane..... 5 00	2 00
Chimaph.	Hops..... 4 00	2 00
Chimaph. Amer.	Liverwort..... 3 00	1 50
Chimaph. Color.	Blue Flag..... 4 00	
Chimaph. Am.	St. Ignatius Bean.....	
Chimaph.	Jalap..... 7 00	3 50
Chimaph. Cin.	Butternut..... 3 00	1 50
Chimaph. S. Cin.	Garden Lettuce..... 3 00	1 50
Chimaph. Elongata.	Wild Lettuce..... 3 00	1 50
Chimaph.	Indian Tobacco..... 5 00	
Chimaph. Virg.	Culver's Root..... 4 00	2 00
Chimaph. Vul.	Hoarhound..... 4 00	1 50
Chimaph. Cer.	Bayberry..... 4 00	
Chimaph. Yon ca.	Woodorrel..... 4 00	2 00
Chimaph. Aret.	Poppy..... 4 00	2 00
Chimaph. Som.	Smart Weed..... 3 00	1 50
Chimaph. P.	Poke..... 3 50	1 50
Chimaph. Dec.	Mayapple..... 4 00	1 25
Chimaph. P.	Aspen..... 4 00	
Chimaph. Trem.	Wild Cherry..... 3 00	1 25
Chimaph. Virg.	Wafer Ash..... 4 00	
Chimaph. Tri.	Quassia..... 6 00	
Chimaph.	White Oak..... 3 00	
Chimaph. A.	Rhubarb..... 7 00	
Chimaph.	Sumach..... 3 00	1 75
Chimaph. S.	Blackberry..... 4 00	2 00
Chimaph. S. A.	Yellow Dock..... 3 00	1 50
Chimaph. S. A.	Savine..... 4 00	
Chimaph. Can.	Bloodroot..... 4 00	2 00
Chimaph. A.	American..... 4 00	2 00
Chimaph.	Compound..... 4 00	
Chimaph.	Honduras..... 5 00	2 50
Chimaph. Lat.	Sculcap..... 4 00	
Chimaph. S.	Senna..... 4 00	
Chimaph. Bracyl.	Queen's Root..... 4 00	
Chimaph. S.	Stramonium..... 4 00	2 00
Chimaph. S.	Dandelion..... 4 00	1 00
Chimaph. S.	Red Clover..... 2 00	
Chimaph. S.	Bearberry..... 4 00	2 00
Chimaph. S.	Engt Valerian..... 5 00	
Chimaph. Viride.	White Hellebore..... 5 00	

## FLUID EXTRACTS.

	In lb. Bottles.
Lin. Aconiti Fol.	Aconite Leaves..... \$1 40
Lin. Aconiti Rad.	Aconite Root..... 1 50
Lin. Aletris Far.	Urnicorn..... 1 60
Lin. Alnus Rub.	Tag Alder..... 1 25
Lin. Anthemis.	Chamomile..... 1 45
Lin. Apocynum And.	Bitter Root..... 1 30
Lin. Apocynum Canab.	Indian Hemp..... 1 50
Lin. Artemisia Absin.	Wormwood..... 1 25
Lin. Arctium Lappa.	Burdock..... 1 25
Lin. Aralia Rac.	Spikenard..... 1 30
Lin. Asclepias Tuber.	White Root..... 1 40
Lin. Asarum Can.	Wild Ginger..... 1 50
Lin. Arnica.	Arnica..... 1 50
Lin. Aralia spinosa.	Prickly Elder..... 1 50
Lin. Atropa Belladonna.	Belladonna..... 1 60
Lin. Baptisia Tine.	Wild Indigo..... 1 50
Lin. Barosma Cren.	Buchu..... 1 60
Lin. Berberis Vul.	Bearberry Bark..... 1 50
Lin. Cannabis Ind.	Ind'n Hemp, True..... 2 50
Lin. " Saliva.	Com. 1 40
Lin. Ceanothum Thal.	Blue Cohosh..... 1 25
Lin. Capsicum An.	African Cayenne..... 1 50
Lin. Ceanothus Falso.	Bitter Sweet..... 1 25
Lin. Cassia acutifolia.	Senna..... 1 40
Lin. Celosia Glab.	Belmony..... 1 50

## FLUID EXTRACTS—Continued.

Fluid Ex.	In lb. Bottles.
Podophyllum Fel.	Mayapple..... 1 25
Polygala Senega.	Senega..... 2 00
Polygonum Pune.	Water Pepper..... 1 25
Cheopodium.	Wormseed..... 1 40
Chimaphila Um.	Pipssewa..... 1 30
Cimicifuga Rac.	Black Cohosh..... 1 25
Cinchona.	Pale..... 1 60
Cinchona.	Calisaya..... 2 50
"	Red..... 2 75
"	Compound..... 2 50
Cissampelos Par.	Pareira Brava..... 1 50
Colchichi Rad.	Colchicum Root..... 1 50
" Sem.	" Seed..... 1 60
Collinsonia.	Stone Root..... 1 25
Cornus Florida.	Boxwood..... 1 25
Corydalis For.	Turkey Pen..... 1 50
Cucumis Colocyn.	Colocynth..... 2 00
Caumba.	Columbo..... 1 25
Conium Mac.	Conium..... 1 40
Cubeba.	Cubeba..... 1 50
Cydripedium Pub.	Ladies' Slipper..... 1 40
Digitalis.	Foxglove..... 1 40
Diocorea.	Wild Yam..... 1 25
Datura Stramon.	Thorn Apple..... 1 25
Eunonymus Atr.	Wahoo..... 1 40
Eupatorium Perf.	Boneset..... 1 25
" Purp.	Queen Meadow..... 1 40
Ergota.	Ergot..... 2 25
Eriogon Can.	Fleabane..... 1 50
Gelsemium.	Yel. Jessamine..... 1 50
Gentiana.	Gentian..... 1 30
" Compos.	Gent. Compound..... 1 25
Geranium Mac.	Cranebill..... 1 25
Glycyrrhiza.	Liquorice..... 1 25
Gossypium.	Cotton Root..... 1 30
"	" Bark..... 1 50
Hamelis Virg.	Witch Hazel..... 1 25
Heptica Amer.	Liverwort..... 1 50
Helonia.	Starwort..... 1 50
Hellanthemum Can.	Frost Weed..... 1 50
Hydrastis Can.	Golden Seal..... 1 30
Hyoscyamus.	Henbane..... 1 40
Humuli.	Hops..... 1 30
Hydrangea Arbor.	Hydrangea..... 1 40
Infula.	Elecampane..... 1 35
Ipecacuanha.	Ipecac..... 3 00
Iris Versicolor.	Blue Flag..... 1 40
Juniperis.	Juniper Berries..... 1 25
" Sabina.	Savin..... 1 25
Jalapa.	Jalap..... 2 00
Juglans Cin.	Butternut..... 1 25
Krameria.	Rhatany..... 1 50
Kalmia.	Laurel..... 1 25
Lactuca Sat.	Garden Lettuce..... 1 30
" Elongata.	Wild Lettuce..... 1 25
Leptandra Virg.	Culver's Root..... 1 30
Liatris.	But'n Snake Root..... 1 40
Liriodendron.	Poplar..... 1 25
Lobelia Fol.	Lobelia Herb..... 1 25
" Sem.	" Seed..... 1 50
Lycopus.	Bugle..... 1 30
Macrotys Rac.	Black Cohosh..... 1 25
Marrubium.	Hoarhound..... 1 25
Mentha Piperata.	Peppermint..... 1 25
" Viridis.	Spearmint..... 1 25
Mitchella Repens.	Squaw Vine..... 1 30
Myrica Cerif.	Bayberry..... 1 25
Nepeta Cataria.	Catnip..... 1 25
Nymphaea Odor.	Pond Lilly..... 1 40
Nux Vomica.	Nux Vomica..... 1 50
Papaver Somnif.	Poppy..... 1 40
Pareira Brava.	.....
Phytolacca.	Garget Poke..... 1 25
Ptelea.	Wafer Ash..... 1 40
Prunus Virg.	Wild Cherry..... 1 25
Quassia.	Quassia..... 1 25
Quercus Alba.	White Oak..... 1 25
Rhei.	Rhubarb..... 2 75
" et Potassa.	" & Potassa..... 2 25

# PRICES CURRENT

—OF—

## CONCENTRATED PREPARATIONS.

### RESINOIDS AND ALKALOIDS

	From Tag Alder.....	Per oz. \$1 00
Alnuine.	American Ivy.....	1 25
Ampelopsin.	Degabane.....	1 70
Apocynin.	Pleurisy Root.....	1 80
Asclepidin.	Wild Indigo.....	1 25
Baptisin.	Blue Cohosh.....	1 90
Caulophyllin.	Cerasus.....	1 25
Cerasin.	Black Cohosh.....	1 60
Cimicifugin or Macro-	Colocynth.....	3 50
Colocynthis. [tin.	Dogwood.....	85
Cornin.	Turkey Pea.....	3 00
Corydalin.	Ladies' Slipper.....	1 75
Cypripedin.	Foxglove.....	1 80
Digitalin.	Wild Yam.....	1 75
Dioscorein.	Corn Snakeroot.....	1 00
Eryngin.	Wahoo.....	1 75
Euonymin.	Boneset.....	1 00
Eupatorin.	Queen of Meadow.....	1 70
Eupurpurin.	Yel. Jessamine.....	2 75
Gelseminin.	Cranesbill.....	1 00
Geranin.	Amer. Ipecac.....	1 25
Gillenin.	Unicorn Root.....	2 50
Helonin.	Golden Seal.....	1 75
Hydrastin.	.....	2 80
Hydrastia, Mur.	.....	3 50
Hydrastia, Sul.	.....	3 50
Hyoscyamin.	Henbane.....	1 40
Irisin.	Blue Flag.....	1 40
Jalapin.	Jalap.....	3 00
Juglandin.	Butternut.....	90
Lepandrin.	Culver's Root.....	65
Lobelin.	Lobelia.....	2 40
Menisperm.	Yel. Parilla.....	1 75
Myricin.	Bayberry.....	1 00
Panduratin.	Conv. Pandurat.....	1 25
Phytolaccin.	Garget or Poke.....	1 25
Populin.	Aspen Poplar.....	1 20
Podophyllin.	Mandrake.....	60
Prunin.	Wild Cherry.....	90
Petlin.	Wafer Ash.....	1 50
Rhusin.	Sumach.....	1 00
Rumicin.	Yellow Dock.....	1 00
Sanguinarin.	Bloodroot.....	1 25
Scutellarin.	Scullcap.....	2 00
Senecionin.	Liferoot.....	1 00
Stillingin.	Stillingia.....	2 75
Trillin.	Birtheroot.....	1 25
Veratrin.	Amer. Hellebore.....	2 25
Viburnin.	Blue Vervain.....	1 20
Xanthoxylin.	High Cranberry.....	2 00
	Prickly Ash.....	1 75

### OLEO RESINS AND ETHERIAL OILS.

	Per oz. \$0 50
Oleo-Resin of Aletris (Aletrin, Soft).....	50
Apocynum (Apocynia, Soft).....	50
Ascleps (Asclepidin, Soft).....	50
Eupatorium Purpureum (Eupur'in, Soft).....	50
Iris Versicolor (Iridin, Soft).....	50
Liatris (Liatrin, Soft).....	50
Ptelea (Ptelein, Soft).....	50
Rhus Glabra (Rhusin, Soft).....	50
Xanthoxylum (Xanthoxylin).....	50
Oil (by Ether), of Arnica (Flos. Arnica).....	85
Capeteum (Cayenne, Af.).....	60
Ergota (Ergot).....	50
Filix Mas (Male Fern).....	75
Lobelia Sem. (Lobelia Seed).....	60
Oil (by Ether), Piper Nigrum (Black Pepper).....	50
Stillingia Syl.....	80
Xanthoxylum.....	60

### SOLID EXTRACTS.

	Ale. Per lb.	Com'n. Per lb.
Aconitum Nap.	Aconite.....	\$4 00 \$2 50
Anthemis Nob.	Chamomile.....	4 00 2 00
Apocynum And.	Bitter Root.....	4 00 2 00
Apocynum Canab.	Indian Hemp.....	4 00 2 50
Arctium Lappa	Burdock.....	4 00 1 50
Asclepias Tub.	Pleurisy Root.....	4 00 2 00
Atropa Belladonna.	Belladonna.....	4 00 2 75
Aletris Farinosa.	Unicorn Root.....	5 50
Aralia Rac.	Spikenard.....	4 00 1 50
Barosma Cren.	Buchu.....	5 00 1 70
Baptisia Tinct.	Wild Indigo.....	4 00
Cannabis, Ind.	Ind. Hemp True.....	
Caulophyllum T.	Blue Cohosh.....	3 50 1 50
Chimaphila Um.	Prunus Pine.....	4 00 1 50
Cimicifuga Rac	Black Cohosh.....	3 50 1 50
Cinchona.	Peruvian Bark.....	6 00
Columba.	Columbo.....	3 00 1 50
Colocynthis.	Colocynth.....	6 00
Colocynthis Co.	Colocynth Comp. 5 00	
Corydalis For.	Turkey Pea.....	4 00
Cornus Florida.	Boxwood.....	3 50 1 75
Conium Mac.	Poison Hemlock.....	4 00 1 70
Cubeba.	Cubeba.....	6 00
Cypripedium.	Nervine.....	6 00
Digitalis	Foxglove.....	3 50 1 75
Dioscorea Vil.	Wild Yam.....	4 00 2 00
Dulcamara.	Bitter Sweet.....	4 00 1 50

## SOLID EXTRACTS—Continued.

	Alc. Per lb.	Com'n. Per lb.
Aspidiotum Perf.	Boneset..... 3 75	1 25
Aspidiotum Purp.	Queen Meadow..... 4 00	.....
Aspidiotum.	Gentian..... 3 00	1 25
Aspidiotum.	Yellow Jessamine..... 2 00	1 50
Aspidiotum, Mac.	Cranesbill..... 6 00	.....
Aspidiotum.	Cotton Root..... 4 00	2 00
Aspidiotum Cab.	Golden Seal..... 5 00	2 00
Aspidiotum.	Henbane..... 4 00	2 00
Aspidiotum.	Hops..... 3 00	1 50
Aspidiotum Amer.	Liverwort..... 4 00	.....
Aspidiotum.	Blue Flag..... 7 00	3 50
Aspidiotum Am.	St. Ignatius Bean..... 3 00	1 50
Aspidiotum.	Jalap..... 3 00	1 50
Aspidiotum Cin.	Butternut..... 3 00	1 50
Aspidiotum.	Garden Lettuce..... 3 00	1 50
Aspidiotum Elongata.	Wild Lettuce..... 5 00	.....
Aspidiotum Ind.	Indian Tobacco..... 4 00	2 00
Aspidiotum Virg.	Culver's Root..... 4 00	1 50
Aspidiotum Vul.	Horhound..... 4 00	.....
Aspidiotum Cor.	Bayberry..... 4 00	.....
Aspidiotum.	..... 60	.....
Aspidiotum.	Woodsorrel..... 4 00	2 00
Aspidiotum.	Poppy..... 3 00	1 50
Aspidiotum.	Smart Weed..... 3 50	1 50
Aspidiotum Dec.	Poke..... 4 00	1 25
Aspidiotum P.	Mayapple..... 4 00	.....
Aspidiotum Trem.	Aspen..... 3 00	1 25
Aspidiotum Virg.	Wild Cherry..... 4 00	.....
Aspidiotum Tri.	Wafer Ash..... 6 00	.....
Aspidiotum.	Quassia..... 3 00	.....
Aspidiotum A.	White Oak..... 7 00	.....
Aspidiotum.	Rhubarb..... 3 00	1 75
Aspidiotum Glab.	Sumach..... 4 00	2 00
Aspidiotum Val.	Blackberry..... 3 00	1 50
Aspidiotum Cris.	Yellow Dock..... 4 00	.....
Aspidiotum.	Savine..... 4 00	2 00
Aspidiotum Can.	Bloodroot..... 4 00	2 00
Aspidiotum.	American..... 4 00	2 50
Aspidiotum.	Compound..... 4 00	.....
Aspidiotum.	Honduras..... 4 00	2 50
Aspidiotum Lat.	Sculicap..... 4 00	.....
Aspidiotum Alex.	Senna..... 4 00	.....
Aspidiotum Syl.	Queen's Root..... 4 00	2 00
Aspidiotum.	Stramonium..... 4 00	1 00
Aspidiotum.	Dandelion..... 4 00	2 00
Aspidiotum.	Red Clover..... 4 00	2 00
Aspidiotum.	Bearberry..... 5 00	.....
Aspidiotum.	Engt Valerian..... 3 00	.....
Aspidiotum Viride.	White Hellebore..... 3 00	.....

## FLUID EXTRACTS.

	In lb. Bottles.
Fluid Ext. Aconiti Fol.	Aconite Leaves..... \$1 40
Aconiti Rad.	Aconite Root..... 1 50
Aletris Far.	Urnroot..... 1 60
Albus Rub.	Tag Alder..... 1 25
Anthemis.	Chamomile..... 1 45
Apocynum And.	Bitter Root..... 1 30
Apocynum Canab.	Indian Hemp..... 1 50
Artemisia Abeln.	Wormwood..... 1 25
Arctium Lappa.	Burdock..... 1 25
Aralia Rac.	Spikenard..... 1 30
Anclepias Tuber.	White Root..... 1 40
Amarum Can.	Wild Ginger..... 1 50
Arnica.	Arnica..... 1 50
Aralia spinosa.	Prickly Elder..... 1 50
Atropa Belladonna.	Belladonna..... 1 60
Baptisia Tine.	Wild Indigo..... 1 50
Barosma Cren.	Buchu..... 1 60
Berberis Vul.	Berberis Bark..... 1 50
Cannabis Ind.	Ind'n Hemp, True 2 50
..... Saliva.	..... Com. 1 40
Camphyllium Thal.	Blue Cohosh..... 1 25
Capicum An.	African Cayenne..... 1 50
Calatrus False.	Bitter Sweet..... 1 25
Cassia Acutifolia.	Senna..... 1 40
Celaena Glab.	Belmony..... 1 50

## FLUID EXTRACTS—Continued.

	In lb. Bottles.
Fluid Ex. Podophyllum Pel.	Mayapple..... 1 25
..... Polygala Senega.	Senega..... 2 00
..... Polygonum Punc.	Water Pepper..... 1 25
..... Chenopodium.	Wormseed..... 1 40
..... Chimaphila Um.	Pipsissewa..... 1 30
..... Cimicifuga Rac.	Black Cohosh..... 1 25
..... Cinchona.	Pale..... 1 60
..... Cinchona.	Calisaya..... 2 50
.....	Red..... 2 75
.....	Compound..... 2 50
..... Cassampelos Par.	Pareira Brava..... 1 50
..... Colchichi Rad.	Colchium Root..... 1 50
..... Sem.	..... Seed..... 1 60
..... Collinsonia.	Stone Root..... 1 25
..... Cornus Florida.	Boxwood..... 1 25
..... Corydalis For.	Turkey Feet..... 1 50
..... Cucumis Colocyn.	Colocynth..... 2 00
..... Cumba.	Columbo..... 1 25
..... Conium Mac.	Conium..... 1 40
..... Cubebs.	Cubebs..... 1 50
..... Cydrapedium Pub.	Ladies' Slipper..... 1 40
..... Digitalis.	Foxglove..... 1 40
..... Dioscorea.	Wild Yam..... 1 25
..... Datura Stramon.	Thorn Apple..... 1 25
..... Eutonymus Afr.	Wahoo..... 1 40
..... Eupatorium Perf.	Boneset..... 1 25
..... Purp.	Queen Meadow..... 2 25
..... Ergota.	Ergot..... 1 50
..... Erigeron Can.	Fleabane..... 1 50
..... Gelseminum.	Yel. Jessamine..... 1 50
..... Gentiana.	Gentian..... 1 30
..... Compos.	Gent. Compound..... 1 25
..... Geranium Mac.	Cranesbill..... 1 25
..... Glycyrrhiza.	Liquorice..... 1 25
..... Gossypium.	Cotton Root..... 1 30
.....	Bark..... 1 50
..... Hamamelis Virg.	Witch Hazel..... 1 25
..... Hepeicia Amer.	Liverwort..... 1 50
..... Helonias.	Starwort..... 1 50
..... Helianthemum Can.	Frost Weed..... 1 50
..... Hydrastis Can.	Golden Seal..... 1 30
..... Hyoscyamus.	Henbane..... 1 40
..... Humuli.	Hops..... 1 30
..... Hydrangea Arbor.	Hydrangea..... 1 40
..... Inula.	Elecampane..... 1 35
..... Ipecacuanha.	Ipecac..... 3 00
..... Iris Versicolor.	Blue Flag..... 1 40
..... Juniperis.	Juniper Berries..... 1 25
..... Sabina.	Savin..... 1 25
..... Jalapa.	Jalap..... 2 00
..... Juglans Cin.	Butternut..... 1 25
..... Krameria.	Rhatany..... 1 50
..... Kalmia.	Laurel..... 1 25
..... Lactuca Sat.	Garden Lettuce..... 1 30
..... Elongata.	Wild Lettuce..... 1 25
..... Leptandra Virg.	Culver's Root..... 1 30
..... Liatris.	But'n Snake Root..... 1 40
..... Liriodendron.	Poplar..... 1 25
..... Lobelia Flon.	Lobelia Herb..... 1 25
..... Sem.	..... Seed..... 1 50
..... Lycopus.	Bugle..... 1 30
..... Macrotys Rac.	Black Cohosh..... 1 25
..... Marrubium.	Horhound..... 1 25
..... Mentha Piperata.	Peppermint..... 1 25
..... Viridis.	Spearmint..... 1 25
..... Mitchella Repens.	Squaw Vine..... 1 30
..... Myrica Cerif.	Bayberry..... 1 25
..... Nepeta Cataria.	Catnip..... 1 25
..... Nymphaea Odor.	Pond Lilly..... 1 40
..... Nux Vomica.	Nux Vomica..... 1 50
..... Papaver Somnif.	Poppy..... 1 40
..... Pareira Brava.	..... 1 25
..... Phytolacca.	Garget Poke..... 1 25
..... Ptelea.	Wafer Ash..... 1 40
..... Prunus Virg.	Wild Cherry..... 1 25
..... Quassia.	Quassia..... 1 25
..... Quercus Alba.	White Oak..... 1 25
..... Rhei.	Rhubarb..... 2 75
..... et Potassa.	..... & Potassa..... 2 35

## FLUID EXTRACTS—Continued.

		In lb.
Fluid Ex.	Rhel. Aromaticus.	Bottles.
"	" Aromatic.	3 00
"	Rumex Crisp.	Yellow Dock..... 1 25
"	Rubus Vill.	Blackberry..... 1 25
"	" Strigosus.	Red Raspberry..... 1 30
"	Rhus Glabra.	Sunichl..... 1 40
"	Sanguinaria Can.	Bloodroot..... 1 25
"	Sarsaparilla.	Sarsap. American. 1 40
"	"	" Compound 1 50
"	"	" Honduras. 1 50
"	Scilla.	Squilla..... 1 40
"	" Compound.	For Hive Syrup... 1 75
"	Scutellaria.	Sculleap..... 1 40
"	Senecio Grac.	Life Root..... 1 30
"	Serpentaria.	Virgin Snakeroot. 1 50
"	Silphium Per.	Rosin Weed..... 1 50
"	Spigelia.	Pink Root..... 1 50
"	" Compos.	Pink and Senna... 1 40
"	Stillingia.	Queen's Root..... 1 60
"	"	Compound..... 1 65
"	Symphit. Off.	Comfrey..... 1 40
"	Taraxacum.	Dandelion Root... 1 50
"	"	" R. & T. 1 30
"	Tanacetum Vulg.	Double Tansey... 1 40
"	Trillium.	Bethroot..... 1 40
"	Uva Urs.	Barberry..... 1 25
"	Valerian.	English..... 1 50
"	Veratrum Viride.	Am. Hellebore... 1 50
"	Viburnum.	High Cranberry... 1 40
"	Xanthoxylum.	Prickly Ash..... 1 30
"	Zingiber Jau.	Jamaica Ginger... 1 40
"	" Afr.	African Ginger... 1 30

## DRUGS AND CHEMICALS.

Acid Acetic.....	per lb.	20
" " Glacial.....	"	\$1 00
" Arsenious.....	per oz.	18
" Benzolc.....	"	35
" Barotic.....	per lb.	75
" Butyric.....	"	3 00
" Carbolic Crystals.....	"	2 20
" " Solution.....	"	75
" Chronic Crystals.....	per oz.	40
" Citric.....	per lb.	1 20
" Gallic.....	per oz.	20
" Lactic Concent.....	"	45
" " Dilut.....	"	20
" Muriotic, Commercial.....	per lb.	15
" " Chem., pure.....	"	35
" Nitric, Commercial.....	"	20
" " Chem., pure.....	"	35
" Oxalic.....	"	30
" Phosphoric Glacial.....	per oz.	15
" " Dilute.....	per lb.	50
" Prustic.....	per oz.	30
" " Dilute.....	"	12
" Pyroligneous.....	per lb.	20
" Pyrogallic.....	per oz.	50
" Sulphuric.....	per lb.	15
" " Chem., pure.....	"	35
" " Aromatic.....	per oz.	59
" Tannic.....	per oz.	25
" Tartaric.....	per lb.	65
Alcohol.....	per gal.	2 50
Allspice, ground.....	per lb.	30
Alum,.....	"	6
" Calcined.....	per oz.	5
Ammonia Acetate.....	per lb.	1 00
" Aqua.....	"	20
" Bromide.....	"	1 40
" Carbonate.....	"	30
" Citrate.....	per oz.	20
" Iodide.....	"	65
" Muriate, powd.....	per lb.	28
" Nitrate Crystals.....	"	50
" Phosphate.....	"	1 50
" Spirit of.....	"	50
" " Aromatic.....	"	50

## DRUGS AND CHEMICALS—Continued.

Ammonia Valerianate.....	per oz.	8
Aniline Blue.....	per lb.	5 00 to 10 00
" Brown.....	"	2 50 to 5 00
" Green.....	"	5 00 to 16 00
" Red.....	"	2 50 to 5 00
" Violet.....	"	8 00 to 12 00
Annatto.....	per lb.	
Antimony, Butter of.....	"	
" Potassa Tart.....	"	
" Black.....	"	
Anodyne, Hoffman's.....	"	
Arrow Root, Bermuda.....	"	
" Amer.....	"	
Arsenic, powd.....	"	
" Donovan's Sol.....	"	
" Fowler's Sol.....	"	
" Iodide.....	per oz.	
Atrapia Sulphate.....	drachm.	2
Bark, Angustura.....	per lb.	
" Ash, Black, ground.....	"	
" " Gray, ground.....	"	
" " Prickly, powd.....	"	
" " White, ground.....	"	
" Alder, Black, powd.....	"	
" Bayberry, powd.....	"	
" Barberry, powd.....	"	
" Blackberry, ground.....	"	
" Black Haw, ground.....	"	
" Bitter Sweet (false), powd.....	"	
" Birch, ground.....	"	
" Canella, powd.....	"	
" Cascarella, powd.....	"	
" Cassia, powd.....	"	
" Cherry, Wild, powd.....	"	
" Cotton Root, ground.....	"	
" Cramp, ground.....	"	
" Cundurango.....	"	
" Dogwood, powd.....	"	
" Elm, select.....	"	
" " powd.....	"	
" Elder, common.....	"	
" Hemlock, powd.....	"	
" Ivy, Amer. ground.....	"	
" Lenoot, pulv.....	"	
" Meserion.....	"	
" Oak, Red, ground.....	"	
" " White, ground.....	"	
" Orange, pulv.....	"	
" Peruvian, Yellow, powd.....	"	
" Pomegranate Fruit.....	"	
" " Root.....	"	
" Sassafras, powd.....	"	
" Wahoo, powd.....	"	
" Wafer Ash, powd.....	"	
" Witch Hazel, powd.....	"	
Balsam Copaiva.....	"	
" Fir.....	"	
" Peru.....	"	
" Tolu.....	"	
Beans, Tanka.....	"	
" Vanilla.....	per oz.	
Beeswax.....	per lb.	
Berries, Buckthorn.....	"	
" Cubebs, powd.....	"	
" Cocculus Indico.....	"	
" Juniper.....	"	
" Poke.....	"	
" Prickly Ash.....	"	
Bismuth Subcarbonate.....	"	
" Subnitrate.....	"	
Blue Mass, Amer.....	"	
" Eng.....	"	
Borax, refined.....	"	
Boxes, Pill, paper, nested.....	per gro	
" " turned wood.....	"	
Bromine.....	per oz.	
" Chloride.....	"	
Burgundy Pitch.....	per lb.	

## DRUGS AND CHEMICALS—Continued.

Better Cocoa.....	per lb.	75
Best Tea.....	45	
Calamine.....	30	
Calcium Bromide.....	3 25	
" Chloride.....	3 25	
" Iodide.....	60	
Calomel, Amer.....	per lb.	1 40
" Eng.....	2 25	
Calcined Deer's Horn.....	per oz.	10
Carbon Bisulphuret.....	per lb.	60
Cassa Buds.....	90	
Caster Fiber.....	per oz.	35
Cantharides, powd.....	per lb.	2 0
Cerium Oxalate.....	per oz.	40
Chalk, French.....	per lb.	20
" powd.....	15	
" prepared.....	15	
" precipitated.....	25	
" Red.....	10	
Charcoal, Willow, powd.....	25	
Chinoline.....	per oz.	18
Chloral Hydrat.....	per lb.	2 40
Chloroform.....	1 30	
Cinchona Sulph.....	per oz.	50
Cinchonidia.....	1 00	
Cleves, powd.....	per lb.	65
Cobalt, powd.....	30	
" Nitrate.....	per oz.	90
" Oxide.....	15	
Colledion.....	15	
" Cantharidal.....	25	
Coloee Water.....	per lb.	60
Coccyth, powd.....	60	
Coke's Foot Rock.....	60	
Concentrated Lye.....	20	
Confection Roses.....	65	
" Senna.....	75	
Copper Sulphate.....	20	
Copperas.....	5	
Corn starch.....	15	
Corks, Vial, assorted, 1 to 6.....	per gross	25
" " No. 7.....	35	
" " No. 8.....	45	
" " No. 9.....	25	
" " No. 10.....	65	
" " assorted, 11 to 20.....	1 50	
Corrosive Sublimate.....	per lb.	1 30
Cowhage Down.....	per oz.	75
Cream Tartar.....	per lb.	50
Cresote.....	per oz.	10
Dextrine.....	per lb.	1 50
Devers Powder.....	25	
Dragon's Blood Beeds.....	1 20	
Drop Black.....	30	
Fluorine.....	per oz.	50
Elisir Vitriol.....	per lb.	50
Epsom Salts.....	5	
Ergot, powd.....	1 25	
Ergotine.....	per oz.	60
Essence Cinnamon, 1 oz.....	per doz.	74
" 2 oz.....	1 25	
" Lemon, 1 oz.....	75	
" 2 oz.....	1 25	
" Peppermint, 1 oz.....	75	
" 2 oz.....	1 25	
Ether Acetic.....	per lb.	1 00
" Butyric.....	2 80	
" Chloric.....	95	
" Sulphuric.....	75	
" Nit. Spirits.....	40	

## FLAVORING EXTRACTS.

Extract Almond.....	per doz.	1 50
" Celery.....	1 50	
" Cinnamon.....	1 50	
" Lemon.....	1 50	
" Orange.....	1 50	
" Pine Apple.....	1 50	

## FLAVORING EXTRACTS—Continued.

Extract Raspberry.....	per doz.	1 50
" Rose.....	1 50	
" Strawberry.....	1 50	
" Vanilla.....	1 75	
Fish Bone.....	per lb.	39
Flake White.....	30	
Flowers, Arnica.....	30	
" Chamomile, Eng.....	45	
" " Gar.....	55	
" Dogwood.....	25	
" Elder.....	25	
" Hollyhock.....	50	
" Kouso.....	1 25	
" Lavender.....	25	
" Linden.....	60	
" Marsh Mellow.....	60	
" Mullein.....	50	
" Saffron.....	1 00	
Gelatine, Cox's.....	per doz.	2 40
" Cooper's.....	per lb.	1 00
Glue, Common.....	20	
" White.....	60	
Glycerine, pure.....	35	
Guarana.....	3 25	
Guaiac Chips.....	15	
Gum Aloes.....	30	
" powd.....	35	
" Socot. powd.....	80	
" Arable.....	60	
" powd.....	55	
" Assafetida.....	35	
" powd.....	60	
" Camphor.....	45	
" Catechu.....	30	
" Euphorbium, powd.....	65	
" Gamboge, powd.....	80	
" Guaiacum.....	60	
" Hemlock.....	80	
" Kino.....	60	
" Myrrh.....	55	
" powd.....	65	
" Opium.....	8 00	
" powd.....	12 00	
" Scammony, powd.....	13 00	
" Tragacanth.....	1 25	
Herb Balmory, powd.....	35	
" Balsam, Sweet.....	25	
" " Old Field.....	25	
" Boneset, powd.....	25	
" Catnip.....	25	
" Cannabis Ind.....	4 00	
" Chiretta.....	1 25	
" Coltsfoot.....	30	
" Celandine, garden.....	25	
" Century.....	25	
" Cleavers.....	25	
" Clover.....	25	
" Dittany.....	35	
" Feverfew.....	25	
" Five Finger.....	25	
" Fire Weed.....	25	
" Fleabane.....	25	
" Fonglove, powd.....	40	
" Gravel Plant.....	30	
" Golden Rod.....	25	
" Hardhack.....	25	
" Henbane.....	35	
" Heal All.....	25	
" Hearts Ease.....	25	
" Hoarhound.....	25	
" Horsemint.....	25	
" Hyssop.....	25	
" Iceplant.....	35	
" Tag, ground.....	25	
" Job's Tears.....	30	
" John's Wart.....	25	
" Larkspur Herb.....	30	
" Lettuce, wild.....	25	
" Life Root, powd.....	25	
" " Everlasting.....	25	

## ROOTS—Continued.

Root Gentian, ".....	per lb.	
" American, powd.....		
" Ginger, African, ".....		
" Jamaica ".....		
" Ginseng.....	1 25	
" Gold Thread.....	1 00	
" Golden Seal, powd.....		
" Gelsemium, chd.....		
" Hellbore, Black, powd.....		
" " White, ".....		
" Indian Hemp, Black, powd.....		
" " White, ".....		
" " Physic, powd.....		
" " Turnip, ".....		
" Ipacac, powd.....	1 60	
" Jalap.....		
" Ladies Slipper, powd.....		
" Licorice, select.....		
" " powd.....		
" Life, powd.....		
" Lovage.....		
" Mayapple, powd.....		
" Marsh Rosemary.....		
" Male Fern.....		
" Masterwort.....		
" Milkweed, powd.....		
" Meegwort.....		
" Man of the Ground, powd.....		
" Orris, powd.....		
" Parsley.....		
" Pereira Beaver, chd.....		
" Pellitory.....		
" Peony.....		
" Pleurisy, powd.....		
" Pink.....		
" Poke.....		
" Poplar Aspen, powd.....		
" " Yellow, ".....		
" Pond Lily, ".....		
" Queen Meadow, ".....		
" Rhubarb, East India, powd.....	2 25	
" Sarsaparilla, chd.....	45	
" " American, chd.....	22	
" Skunk Cabbage, powd.....	35	
" Snake, Seneca, ".....	1 00	
" " Virginia ".....	50	
" " White, ".....	25	
" Spikenard, chd.....	25	
" Stillingia, chd.....	30	
" Stone, powd.....	25	
" Solomon Seal, chd.....	25	
" Squills.....	25	
" Unicorn, powd.....	35	
" Valerian, ".....	45	
" " Greek, powd.....	40	
" Wild Ginger, ".....	30	
" " Yam, ".....	25	
" Yellow Dock, chd.....	20	
" " Parilla, chd.....	20	
Salicine.....	per oz.	
Santonine.....		
Sassafras Pith.....		
Sago.....	per lb.	
Salts, Crab Orchard.....		
" Epsom.....		
" Glauber.....		
" Rochelle.....		
" Tartar.....		
Seed, Anise.....		
" Burdock, powd.....		
" Canary.....		
" Caraway.....		
" Cardamom.....	2 60	
" Celery.....	per oz.	
" Colchicum.....	per lb.	
" Coriander.....		
" Flax, ground.....		
" Hemp.....		
" Lark Spur, American.....		
" Lobelia, powd.....		

## ROOTS—Continued.

Seed Mustard, for Plasters.....	"	15
" " White.....	"	20
" " " powd.....	"	55
" Pumpkin.....	"	30
" Rape.....	"	15
" Staphisagria.....	"	1 25
" Watermelon.....	"	25
" Worm.....	"	25
Silver, Nitrate Crystals.....	per oz.	1 15
" " stick.....	"	1 15
Soap, Castile.....	per lb.	22
" " White.....	"	25
Sodium Bromide.....	"	1 10
Soda, Acetate.....	"	50
" Arsenate.....	per oz.	85
" Bicarbonate.....	per lb.	8
" Bisulphite.....	"	1 00
" Caustic.....	"	65
" Citrate.....	"	1 50
" Hopophosphite.....	per oz.	25
" Hyposulphite.....	per lb.	20
" Nitrate.....	"	25
" Phosphate.....	"	40
" " and Ammonia.....	"	1 45
" Pyrophosphite.....	"	1 25
" Sulphite.....	"	40
Spanish Brown.....	"	5
Spermacei.....	"	60
Strychnine.....	per oz.	3 00
Sugar of Milk, powd.....	per lb.	3 00
Sulphur, Flowers of.....	"	10
Syrup, Blackberry, comp. (anodyne).....	"	45
" Buckthorn.....	"	50
" Hoarhound, comp.....	"	45
" Honey Pectoral (Hill's).....	"	60
" Ipecac.....	"	50
" Iron Iodids.....	"	70
" Lactophosphate Lime.....	"	1 00
" " Iron.....	"	1 00
" Lemon.....	"	30
" Lobe'ia Seed.....	"	45
" Morphine, comp., Jackson's, C. S.....	"	50
" Poplar, comp.....	"	45
" Rhubarb Aromatic.....	"	50
" " and Pat.....	"	45
" Sarsaparilla, American, comp.....	per gall.	3 00
" " Hond.....	"	3 00
" Seneca Snakeroot.....	per lb.	60
" Squills.....	per gall.	2 25
" " comp.....	per lb.	50
" Stillingia, comp.....	per gall.	3 10
" Thompson's, No. 5.....	"	4 00
" Yellow Dock, comp.....	"	3 00

## TINCTURES.

These tinctures are prepared by repercolation, being made in large quantities they are much more uniform in strength than they would be if made in small quantities. Our long experience in this particular line of business, gives us many advantages in procuring Barks, Herbs, Leaves, Roots and Seeds, at the proper time to preserve their full medical properties. The best materials are used, and we are confident that they will give satisfaction.

Tincture, Aconite, R.....	per lb.	\$ 50
" " F.....	"	50
" Aloes.....	"	55
" " et Myrrh.....	"	65
" Aralia Spl.....	"	40
" Arnica.....	"	80
" Asafoetida.....	"	30
" " Comp.....	"	60
" Belladonna.....	"	40
" Benzoin Comp.....	"	60
" Buchu.....	"	80
" Camphor.....	"	60
" " Comp. (Rheum. Tinct).....	"	80
" Cannab's Ind.....	"	60

## TINCTURES—Continued.

Extract Cantharides.....	per lb.	60
" Capsicum .....	"	40
" Cardamom .....	"	80
" Comp.....	"	70
" Cascarella.....	"	40
" Castor .....	"	75
" Ammo.....	"	75
" Catechu .....	"	50
" Cactus Grand .....	"	2 75
" Calendula .....	"	1 00
" Caulophyllum Comp.....	"	40
" Cimicifuga .....	"	40
" Comp.....	"	50
" Cinchona .....	"	50
" Comp.....	"	55
" Ferrata .....	"	60
" Cinnamon .....	"	50
" Comp.....	"	90
" Colchicum Seed .....	"	40
" Comp.....	"	40
" Conium Mac.....	"	40
" Cubebs .....	"	50
" Columbo .....	"	40
" Corydalis .....	"	40
" Comp.....	"	50
" Delphinium Cons.....	"	60
" Digitalis .....	"	40
" Ergot .....	"	50
" Erigeron .....	"	40
" Eonymus .....	"	40
" Ferri Chloridi.....	"	45
" Gelsemium .....	"	50
" Gentian Comp.....	"	50
" Galls .....	"	40
" Guaiaco .....	"	50
" Aromatic (Greenhow's Cholera Mixture .....	"	70
" Ammoniated .....	"	60
" Helonias .....	"	50
" Hellebore .....	"	40
" Hops .....	"	40
" Hydrastis .....	"	40
" Comp.....	"	50
" Hyocyanus.....	"	40
" Iodine.....	"	1 10
" Comp.....	"	1 15
" Inula .....	"	40
" Iris Ver.....	"	40
" Kalmia Leaf.....	"	40
" Kino .....	"	50
" Krameria .....	"	40
" Lavender Comp.....	"	50
" Lobelia .....	"	40
" Comp.....	"	50
" and Capsicum Comp.....	"	50
" Lupulin .....	"	60
" Liatria .....	"	40
" Macrotys .....	"	40
" Matico.....	"	50
" Myrrh .....	"	50
" Comp (No. 6).....	"	50
" Nux Vomica .....	"	40
" Oil Mentha. Pip.....	"	50
" Viri.....	"	50
" Oil Cinnamon.....	"	50
" Opium .....	"	1 50
" Camphorated.....	"	60
" Orange Peel .....	"	40
" Phytolacca Bac .....	"	50
" Rad.....	"	50
" Poplar .....	"	40
" Populus Candelana.....	"	50
" Prickley Elder.....	"	40
" Podophyllum.....	"	40
" Quassia .....	"	45
" Comp.....	"	40
" Rhubarb.....	"	70
" Comp.....	"	75
" and Aloes.....	"	65
" and Gentian.....	"	60

## TINCTURES—Continued.

Tincture Rhubarb and Senna.....	per lb.	60
" Scutellaria .....	"	40
" Sanguinaria .....	"	40
" Comp.....	"	50
" Skunk Cabbage.....	"	40
" Serpentaria.....	"	45
" Comp.....	"	70
" Senna .....	"	40
" Sillingia.....	"	40
" Seneka .....	"	50
" Saffron .....	"	60
" Savin .....	"	40
" Stramonium Seed.....	"	50
" Staphisagria.....	"	2 50
" Tolu .....	"	80
" Valerian .....	"	50
" Ammoniated .....	"	60
" Water Pepper .....	"	40
" Xanthoxylum (Berries).....	"	50
" Bark.....	"	40
Taploca.....	per lb.	20
Tar Barbadoes.....	"	30
" Pine, pure.....	"	20
Turpentine, spirits.....	"	15
" Venice.....	"	40
Veratilla.....	per oz.	2 60
Verdigris.....	per lb.	50
Wax, Bayberry.....	"	75
" Bees.....	"	45
" White.....	"	60
" White Precipitate .....	"	2 20
" Whiting.....	"	5
" Wine, Antimony .....	"	70
" Colchicum Seed.....	"	80
" Ergat.....	"	75
" Ipica.....	"	180
" Iron.....	"	65
" Opium.....	"	2 25
Zinc, Acetate.....	"	70
" Bromide.....	per oz.	50
" Carbonate.....	per lb.	40
" Iodid.....	per oz.	70
" Sulphate.....	per lb.	20
" Valerianate.....	per oz.	60

## SPIRITS.

	Per gall.
Brandy, Cognac.....	from \$6 00 to \$12 00
" Rochelle.....	" 6 00 " 10 00
" Bordeaux.....	" 6 00 " 9 00
" Old Peach.....	" 4 00 " 6 00
" Cherry.....	" 4 00 " 6 00
" Domestic.....	" 3 00 " 5 00
" Gin, Holland.....	" 2 50 " 6 00
" Rum, Jamaica.....	" 4 00 " 6 00
" St. Croix.....	" 4 00 " 6 00
" New England.....	" 2 50 " 4 00
" Whisky, Bourbon.....	" 1 75 " 5 00
" Rye.....	" 1 75 " 5 00
" Rectified, market price.....	" .....
" Wines, Old Port.....	" 3 00 " 6 00
" Sherry.....	" 3 00 " 6 00
" Malaga.....	" 2 00 " 4 00

## FUNNELS, GLASS—Plain or Ribbed.

One-half pint.....	each	15
One " .....	"	20
" Quart.....	"	25
" Half gallon.....	"	35
" .....	"	50
Filtering Paper, assorted sizes.....	"	—
Medicine Cases, Pocket, assorted styles, prices from.....	1 50 to 4 50	
Mortars, glass.....	4 oz.	60
" .....	8 " "	85



# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

#### MANUFACTURERS OF

**Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammoniae,  
Pure Concentrations, Spts. Nitre Dulc.  
Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added  
our list:

Fluid Extract Guarana.  
Fluid Extract Eucalyptus Globulus.  
Fluid Extract Bearsfoot.  
Fluid Extract Calendula.  
Fluid Extract Chestnut Leaves.  
Fluid Extract Conium Seed.  
Fluid Extract Cotton Root Bark, (from the fresh root.)  
Fluid Extract Gelseminum, (from the fresh root.)  
Fluid Extract Stavesacre Seed.  
Pills of Picrate Ammonium, (sugar coated.)  
Brundage's Anti-Constipation Pills, (sugar coated.)

Send for dose, descriptive list and circulars, which will be for-  
warded on application.

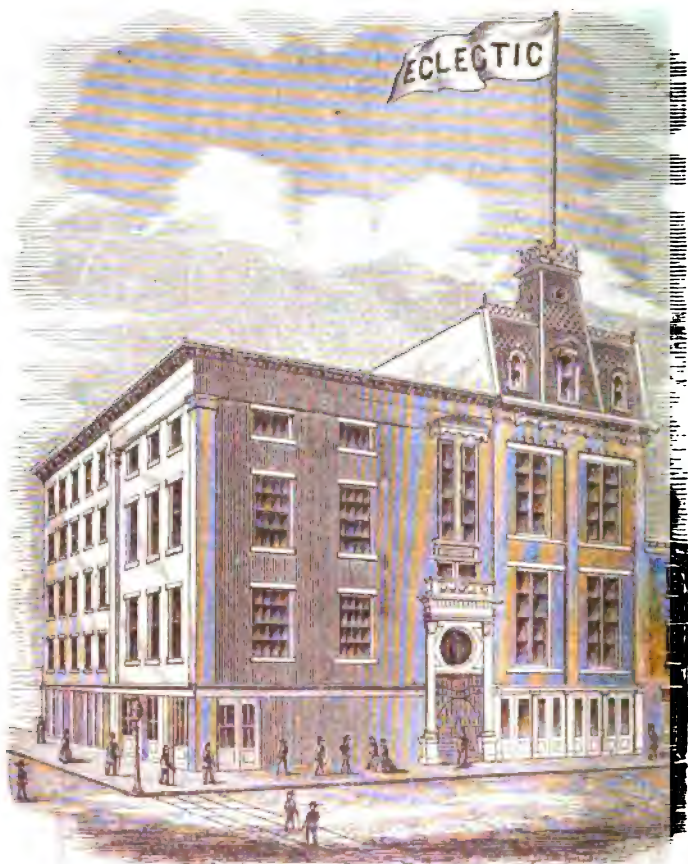
Physicians who desire our preparations will please specify P. D.  
on their prescriptions.

Our list of manufactures can be obtained of the following whole-  
sale Druggists, at manufacturers' rates:

R. Macready & Co.	- - - - -	Cincinnati.
Kenyon, Potter & Co.	- - - - -	Syracuse, N. Y.
George A. Kelly & Co.	- - - - -	Pittsburg, Pa.
Benton, Myers & Canfield,	- - - - -	Cleveland, O.
George M. Dixon,	- - - - -	Dayton, O.
A. Peter & Co.	- - - - -	Louisville, Ky.
E. Burnham, Sen & Co.	- - - - -	Chicago, Ill.
A. A. Mellier,	- - - - -	St. Louis, Mo.
Colburn, Birks & Co.	- - - - -	Peoria, Ill.
George A. Eddy,	- - - - -	Leavenworth, Kan.
Gedbe & Co.	- - - - -	Salt Lake City, Utah.
Plain, Williams & Co.	- - - - -	Toledo, O.
Shrewsbury Bros.	- - - - -	Parkersburg, W. Va.
Parrand, Williams & Co.	- - - - -	Detroit, Mich.
Swift & Dodds,	- - - - -	Detroit, Mich.

Depot in Cincinnati, **R. MACREADY & CO.**

Depot in Louisville, **A. PETER & CO.**



# **Eclectic Medical Institute.**

*Cincinnati, 1875-6.*

Winter Session Commencing Oct. 4th, 1875. Preliminary Lectures from Oct. 1st.  
Spring Session Commencing February 1st, 1876.

---

For Annual Announcement, or other information, address  
**DR. J. M. SCUDDER,**  
**CINCINNATI, OHIO.**

THE

372

# Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Cincinnati, March, 1876.

No. 3.

xxvi.

## TABLE OF CONTENTS.

**Original Communications.**

VI. — Gelsemium Sempervirens. 106

VII. — Lloyd. Ideas about Pregnancy. By 112

Smith, M. D. 112

VIII. — A Remarkable Case. By G. 114

M. D. Surgical Diagnosis. By A. 116

IX. — M. D. Indication for Belladonna. 116

X. — An Indication. 120

J. W. Williams. 120

XI. — Specific Medication. By T. 121

M. D. Treatment of Diphtheria by 122

XII. — Treatment of Diphtheria by 122

XIII. — An unusual case. By Dr. W. 123

XIV. — On the treatment of the 123

XV. — By B. F. Chapman, M. D. 123

XVI. — Diphtheritic group. By O. 125

XVII. — Doom, M. D. 125

Treatment of diseases of the joints by Sul-  
phuric Acid.....130

Subcutaneous injection of water.....131

Warburg's Tincture.....131

Pathological Anatomy of Endemic Malarial  
Fevers.....132

Monobromide of Camphor.....132

Pathology of Sunstroke.....133

Tubercular Matter taken as food.....135

Chloral as an application in Fissure of the  
Anus.....136

Carbolized catgut Ligature.....136

### Editorial.

Inflammation.....137

Inflammation of the Lungs.....139

Uvedalia.....141

Euphorbia Hypericifolia.....142

A case illustrating Specific Medication.....142

With reference to Specific Medication.....144

Religion and Medicine.....145

Puncture of the Bladder through the rec-  
tum.....147

Indiana State Eclectic Medical Society.....148

Ohio Eclectic Medical Association.....148

Sixty-third Commencement of the Eclec-  
tic Medical Institute.....149

Eriodactylon Glutinosum.....150

Prunella Vulgaris.....150

Book Notices.....150

**Periscope.**

Physiological action of Lobelia.....126

Acid in aural discharges.....126

Method of Infusing the middle ear.....126

Actions of Pharmacists to Physi-  
cians.....127

and Nostrums.....128

plug in nasal hemorrhage.....128

from hyemale.....129

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quina, Quinidia, Cinchonidine, Cinchonidina, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, JAN. 22, 1871.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, and cinchonidine."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, FEBRUARY 1, 1871.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. M. SHARPLES, State Assayer and M.

In no other form are combined the important alkaloidal principles of bark, so as to be accessible to medical gentlemen.

It is found Quinidia, which is believed to be a better anti-periodic than quina, and the alkaloids acting in association, immediately produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. It is better to very slight, and an unpleasant to the most sensitive, delicate women or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by the Sulphate.

Middlebury, Vt.

April 13, 1871.

Gentlemen: I cannot refrain from giving you my testimony regarding Cincho-Quinine.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very extensively your Cincho-Quinine in place of Quinine, and have never been disappointed in my expectations.

JES. Y. SHIBBELL, M.D.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, receipt of twenty-five cents, or one ounce upon the receipt of one dollar and six cents, by post. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

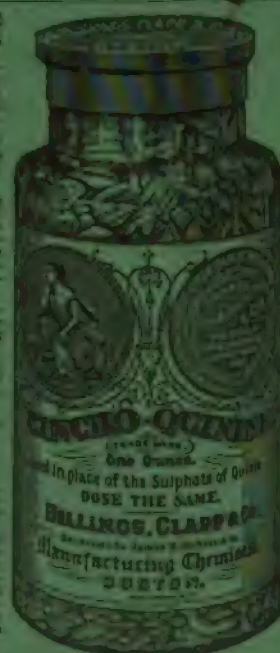
Arsenic, Ammonium, Antimony, Barium, Bromine, Calcium, Cerium, Cobalt, Copper, Gold, Lead, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Free List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists.**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.



Doctors: It may be of service to you to know that I have used the above for two years, and find it to be my prescriber, and I have found it to be a better, and I think that you will find it so. For children and those with delicate stomachs, as well as those easily oppressed by the Sulphate of Quinine, it acts like a charm, and you hardly see how we did without it long. I hope the supply will come soon.

Yours, with due respect,

J. H. TAYLOR, M.D., Boston.

I have used your Cincho-Quinine exclusively for four years in my medical region.

It is as active an anti-periodic as Sulphate, and more agreeable to the stomach. Highest recommendation.

D. H. CHASE, M.D., Louisville.

I have used the Cincho-Quinine ever since its introduction, and I am well satisfied with its results. I use it in all cases in which I formerly used the Sulphate, and its introduction can be given during the period of fever with perfect safety, when it was no time.

W. E. SCHENCK, M.D., New York.

I am using Cincho-Quinine in place of the Sulphate, and find it to be my prescriber.

In the case of children, I employ almost exclusively, and I have found it to be my prescriber. I have found that of the same amount of Cincho-Quinine, I have found it to be my prescriber.

W. C. BENTLEY, M.D., Manchester.

CINCHO-QUININE in my practice has given the best of results. I have my examination for quinine, and I have found it to be my prescriber. I have found it to be my prescriber.

Northampton, Mass.

Your Cincho-Quinine I have used with marked success. I prescribe it every year to the Surgeon.

D. MERRILL, M.D., Boston.

T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

MARCH, 1876.

No. 3.

---

## ORIGINAL COMMUNICATIONS.

*Art. XV.—Gelseminum Sempervirens*, (Yellow Jessamine.) By  
J. U. LLOYD, Cincinnati, Ohio.

Gelseminum Sempervirens (Yellow Jessamine) is a remedy that we may say has been brought to the notice of the medical profession at large by Eclectic practitioners. Although it is at present officinal in the U. S. Pharmacopœia, and is largely used by physicians of almost every school, the credit of its introduction is due without doubt to the early Eclectic physicians. Gelseminum is in reality an Eclectic remedy; its medicinal properties have been undergoing practical investigations by Eclectic physicians for a number of years. Volumes have been written by them upon it, and evidently the end is not yet. As so much has been said in regard to the therapeutical action of Gelseminum, I feel that the few words I have to say respecting its peculiarities in another direction will be acceptable and prove of interest to the readers of an Eclectic medical journal.

Gelseminum was first used as a medicine in the southern portion of our country where it is found in a native state. The discovery of its medicinal properties was accidental, which we may say is true of most of our remedies. This can not be wondered at when we think how ignorant we are of the manner in which medicines act upon the animal economy; and now after Gelseminum has been investigated for so many years in regard to the peculiar influence it exerts upon the human vitality, we are as ignorant of the manner in which this influence is exerted as we are of the power that quickens our mortal bodies and lends life and motion for a time to materials that have been for ages inanimate.

After physicians throughout certain sections of the South had begun to investigate this article, attributing to it certain peculiar therapeutical properties, physicians elsewhere commenced using Gelseminum, and this latter class of practitioners were as a rule disappointed. Gelseminum did

not come up to their expectations, the reason being that Southern physicians used the green root, which is an entirely different material in a medicinal sense from that which has been dried. This latter form found its way to those who resided in localities where *Gelsemium* was not indigenous. From the fact of two different substances being given under one name, as might have been expected, a Babel of reports upon the efficacy of *Gelsemium* as a therapeutical agent resulted. Some said *Gelsemium* was valuable and reliable, others were equally as positive it was worthless. Both parties were in the right. Like the knights of old we read about, they were looking at one shield from different standing points. There were two sides to the question, and when physicians North as well as South came to use the green root, or a tincture of the same, the reports upon the worthlessness of *Gelsemium* suddenly ceased. *Gelsemium* rapidly grew into favor over the entire country, and at present, judging from the proportion of the preparations of *Gelsemium* that are sold, as compared with other medicines, I may say there are few of our indigenous remedies in more active demand than *Gelsemium*.

Of the dried root I have but little to say. Although it is officinal in the U. S. Pharmacopœia, and retains some of the peculiar properties of fresh *Gelsemium*, it is undoubtedly much inferior to the latter named article, and I anticipate the time is not far in the future when freshly gathered *Gelsemium* will be the only form of the drug we are authorized to employ.

Fresh *Gelsemium* root has a peculiar, not unpleasant odor. I can not make a comparison, for I have never met with anything resembling it. It possesses one of those strikingly peculiar odors which have the power to impress themselves so indelibly upon the memory as seldom to admit of being forgotten. In this respect the sense of taste is inferior to that of smell. Undoubtedly the names of certain substances can be recalled to the mind by smelling when the tongue is powerless as a guide, and fresh *Gelsemium* will never be mistaken for any other root, or the preparations of green *Gelsemium* for those of other substances, by the person who has familiarized himself with the odor of the fresh plant, and inconsistent as it may seem, after what I have written, I will say that the volatile principle which gives the odor to fresh *Gelsemium*, and is wanting in the dried root, is, as my investigations show me, almost if not quite inert.

**GELSEMINIC ACID.**—Percolate a portion of fresh *Gelsemium* root with alcohol until it is exhausted. Expel the alcohol by heating the tincture over a water or steam bath, and intimately mix the residue with cold water to the amount of twice the original tincture. Allow the mixture to remain quiet for twenty-four hours and then filter. Evaporate the filtrate over a water or steam bath until it is reduced to the consistence of a thin syrup, acidulate slightly with sulphuric acid, and agitate with twice its bulk of sulphuric ether. Allow the liquids to separate, decant the ethereal solution and intimately mix the lower liquid with twice its volume of sulphuric ether, proceeding as before. The operation may be repeated if the Gelseminic Acid remains to any appreciable amount. Mix the several ethereal solutions and expel the ether by the aid of a gentle heat.

The residue is impure Gelseminic Acid. It may be purified by dissolving in chloroform and crystallizing. If very impure it is best to form it into a salt by uniting it with an alkali, which by double decomposition with a solution of acetate of lead will produce the almost insoluble gelseminate of lead. This can be washed with water, and then decomposed with sulphuretted hydrogen. Insoluble sulphide of lead will precipitate and the gelseminic acid which is set free can be dissolved by boiling with water. After evaporation the gelseminic acid can be obtained in the crystalline form by resolution in chloroform or ether, and spontaneous evaporation.

Pure gelseminic acid is white, and capable of forming minute needle-like tufts of crystals. It is readily soluble in chloroform and ether, but only to a slight extent in cold water. With the alkalies it will form salts. These salts are freely soluble in both cold and hot water. Gelseminic acid exists in very small amounts in the root of the *Gelsemium*. My experiments have yielded me only a few grains from a pound of root. It is hardly worth while to operate with less than ten pounds of root at each experiment.

Naturally the acid is in combination with an alkaloid, (Gelseminin.) The combination with this organic base constitutes an organic salt. This salt is soluble in alcohol and in both hot and cold water. To the presence of this salt the *Gelsemium* is indebted for the peculiarly prostrating action it exerts upon the animal economy, and from this salt the tincture or fluid extract of *Gelsemium* derives the fluorescent blue color so striking when viewed with condensed light. Example: If 50,000 parts of distilled water are rendered slightly alkaline with ammonia, and in it one part of gelseminic acid is dissolved, the solution yields a deep blue color along the path of a ray of condensed light allowed to fall into it, and even with transmitted light, if proper arrangements are made, the peculiar fluorescent hue is observable. Even more dilute solutions will give the characteristic blue fluorescent color.

Every one is familiar with the fact that a similar color is observed in solutions of the salts of quinine. However, to make it perceptible the solution must have an acid reaction.

Gelseminic acid differs by requiring the presence of a free alkali. If we add an acid to the blue solution of gelseminic acid, the blue color instantly disappears, to return again if the liquid is rendered alkaline. On the contrary, an acid will bring the fluorescent color to quinine solutions while alkalies destroy it. As far as my observations have extended, I have certainly never met with an organic acid or alkaloid possessed of fluorescent properties at all comparable with gelseminic acid. The test when properly applied is very delicate.

After the gelseminic acid is separated from the tincture of gelsemium, an alkaloid remains in the liquid which can only be separated from it by a tedious operation. I will not enter into the details of the process at this time, as I hardly think the subject will be of interest to physicians. This alkaloid is the true active principle of *Gelsemium S.*, and accordingly has received the name of gelseminin.

Gelseminin is an amorphous substance, white when powdered. Soluble in chloroform and ether, only slightly soluble in cold water. Melts at a temperature approaching 212°F. From the melted state it solidifies into a transparent mass resembling fused quinia. It is bitter to the taste and exceedingly poisonous. It imparts to gelseminum root the peculiar action familiar to every one who has observed the effects of an over-dose of gelsemium. Very minute doses of the alkaloid produce in an aggravated form the muscular prostration which is a characteristic of the plant. Most likely gelseminin will never come into use in the pure form, as it is altogether too poisonous to be entrusted to the hands of careless or inexperienced persons. Undoubtedly it would be much to the advantage of the medical profession if the alkaloid could be separated from the inert portions of the root by the pharmacist, and made into the form of a tincture by being dissolved in alcohol in a definite amount, for there would be no guess work in regard to the strength of the preparation. One very serious objection, however, would arise: the tincture would be without color, which in the minds of a great many, would render it worthless, but I suppose the dark color could be supplied for the benefit of this branch of the profession by adding burnt sugar or cheap molasses.

Besides gelseminic acid and gelseminin, the root contains considerable gum, extractive matter, a fixed oil, resin, a small amount of volatile oil, and various other organic substances, as well as mineral salts. These are of no interest to the medical fraternity, for in a therapeutical sense they are worthless. They are a bother to the pharmacist, for the changes which they undergo in his extracts result in the formation of precipitates. They are the friends of eye doctors, (those who judge the strength of preparations by the effect their colors produce upon the eye), for they give both thickness and color to fluid extracts. They are not worthy of separate notices. Taken together, they may be classed as substances necessary to the growth and life of the plant, but of no use to man. They are not of value, and should be classed as impurities when found in our fluid extracts and tinctures.

I have made the fluid extract of gelsemium without the resin, and found it perfectly satisfactory. I have made *fid. ex.* of gelsemium free from gum, extractive matter, and other organic substances peculiar to the root, and found it reliable. I have prepared it by a process which separated all of the above materials, and unprejudiced physicians, have upon testing it informed me that the extract is as certain in its action as any they have ever used. I have deodorized the tincture of the green root, and found the operation to detract in no way from the reliability of the preparation. It is customary to prejudge the tincture and extract by the odor it possesses. This can only tell whether the preparation is prepared by percolation (or maceration) from the green or dry root. If the tincture has the peculiar odor of the green root, we may be pretty sure it is prepared from this article, and the real active principle of Gelsemium can not help but be extracted to an extent by a process which will give to a preparation the odor of the plant, but this volatile principle is merely an accompaniment, not a necessity. Gelseminin, the real active principle, is odorless. We can not form the slightest opinion of the

strength of a preparation of Gelsemium by the odor it exhales. It would be very easy to prepare a tincture fifty times as poisonous as the official fluid extract, and have this tincture free from all odor.

**PHARMACEUTICAL PREPARATIONS.**—I have said that Gelsemium depends for its medicinal virtues upon the organic base, gelseminin, which is naturally united in the root with gelseminic acid, forming by the combination a soluble salt. Any pharmaceutical to represent the medicinal principles of gelsemium root should, therefore, contain this salt in the proportion it exists in the root, providing the preparation is asserted to represent a like amount of the root. This salt is quite soluble in water, is readily dissolved by alcohol or mixtures of alcohol and water. From this fact it might appear that it would make little difference whether we used strong alcohol or dilute alcohol in making the tincture and fluid extract. My experience has taught me the contrary. I have learned that the menstruum used exerts a great influence upon the preparation. Aside from simply dissolving the gelseminin there are other things to be considered. We have resins, gums, oil and extractive matters in general to manage. These various organic substances are very unstable. They are liable to decompose, and by decomposition to generate new bodies. These new substances possess properties unlike the original materials. When changes occur within our fluid extracts and tinctures, they result in sediments and precipitates. One of the great objects of the pharmacist is to overcome the tendency so many of our fluid extracts have for precipitating. In the case of gelsemium it would appear that the menstruum which will extract all of the gelseminin, and as little as possible of each of the other materials associated with it in the plant, is the menstruum to employ in making preparations of gelsemium. Reasoning in this manner, it would strike us that dilute alcohol is the material to use, for gelseminin in its natural form is readily taken up by dilute alcohol, while each of the other ingredients are only partially soluble in this menstruum. In practice, however, it is found that this process is very objectionable. Dilute alcohol, it is true, will dissolve a portion only of each of the objectionable materials, but it will dissolve them to saturation, and then the least decrease of temperature will precipitate portions throughout the extract, which renders the extract muddy and inelegant. If they settle to the bottom of the bottle they form a sediment which can be redissolved by warming and agitating the liquid. The formation of this precipitate, however, is to be avoided, if possible.

If an extract prepared with dilute alcohol is allowed to remain quiet for some time in a warm location that will prevent a precipitate of the above nature from forming, it will be observed that a precipitate of a different order is the result. This sediment will not redissolve when the liquid is warmed and agitated. If the menstruum is filtered from it, and the precipitate is incorporated with a considerable amount of dilute alcohol it remains undissolved. An alteration has been taking place among the ingredients of the extract. They do not present the characteristics which belonged to the original materials. The extract has changed; it is no longer the same it was when freshly made, and even though the real

medicinal principle may remain unchanged, the preparation is imperfect. If we substitute glycerine for water, we find there is no improvement. Decomposition ensues as in the former example.

If an extract is made with alcohol, we observe a marked improvement with respect to the precipitate. Alcohol will extract the resin, oils and small portions of other ingredients. The resins and oils are insufficient to saturate the alcohol, consequently upon decreasing the temperature of the extract, there is no precipitation of these substances. The gum, extractive matter, and other inert materials are dissolved in minute portions only, consequently if they are precipitated, the alteration is not made so strikingly apparent as when large, bulky precipitates are produced. An alcoholic fluid extract may even be evaporated considerably, and remain transparent when it cools.

Notwithstanding the above mentioned advantage an alcoholic fluid extract possesses over that prepared by diluted alcohol, there is undeniably a very serious objection to the alcoholic preparation, the resin and oils that are held in solution are precipitated when even small portions of the preparation are mixed with water, syrup or glycerine. From the nature of gelsemium it is obvious that only very small doses of its preparations are given. It is customary for the physician to drop the required amount of the fluid extract or tincture into some water, and leave directions for its administration to the patient by teaspoonfuls or tablespoonfuls, unless he sends a prescription to his druggist, which amounts to the same thing. This precaution is necessary, for it is dangerous to allow large amounts of a preparation like gelsemium to become distributed over the country, or to entrust the dropping of so powerful a medicine to inexperienced and careless nurses. Now when an alcoholic extract or tincture of gelsemium is mixed with water, the result is an unsightly mixture. At first it is milky and opaque, eventually it separates into a flocculent precipitate accompanied with a considerable discoloration of the vial, all of which is really unnecessary, for the proximate medicinal principles of gelsemium will remain in perfect solution in water. I imagine I hear some one inquire how this can be objectionable, as the medicinal portions of the extract remain unaltered. I will say that in my opinion there are many sick people who remain sick merely because their medicines are so filthy and disgusting. If they were well and compelled to swallow some of the stuffs they take when sick, it would not be long before their medicines would make them sick.

One of the desiderata of the age is an improvement in our medicines, reliability first, attractiveness in appearance, and acceptability to the taste next. I trust the time will come when people who are sick will not dread for the hour to arrive that they must take their physic; when the well will not dread to be sick because of those nasty doctor's stuffs; when the ladies can not scare their children into doing right by bringing before their imaginations the thought, not of a spell of sickness, but of that very popular devil—medicine.

I have stated my objections to diluted and strong alcohol for making the preparations of gelsemium. My experience is that water should not be introduced into either the tincture or fluid extract of the fresh root of

**Gelseminum.** The U. S. P. process for preparing the fluid extract is by using strong alcohol and the dry root. I will give a process for a fluid extract of the green root:

Chop sixteen troy ounces of fresh gelseminum root into small pieces, bruise as finely as possible in an iron mortar, pack firmly into a cylindrical percolator, cover the root with a circular piece of paper held in position with a few pieces of glass or broken marble.

Add alcohol, and when it commences to drop, stop the exit of the percolator, add sufficient alcohol to cover the root, and having tightly covered the top of the percolator to prevent evaporation, allow the mixture to macerate seven days.

Remove the cork and allow fourteen fluid ounces to pass, reserve this and continue the percolation, adding alcohol until the root is exhausted. Evaporate this latter tincture upon a steam or water bath until reduced to two fluid ounces, mix with the reserved fourteen fluid ounces.

The above process will yield a reliable fluid extract. Looking through it toward the light, it presents a yellowish red appearance. Looking down upon the top of the liquid, the blue fluorescent color, a derivative of a solution of gelseminic acid, is observable, appearing the most intense upon the side of the liquid which is exposed to the strongest light. Ammonia added to the extract increases the fluorescence, acids remove it altogether. The extract will mix with alcohol in any proportion without becoming muddy or forming a precipitate. A very small amount of water will render it permanently muddy. It will not make a clear solution with water, glycerine, or syrup.

Of the many experiments I have made with gelseminum, as well as in the practical manufacture of the fluid extract, I can say that simply by percolation, the preceding formula is the one that has given in my hands the most reliable and least objectionable preparation. As long as the process we employ for making this class of preparations depends upon the simple act of maceration or percolation, I believe it will not be improved upon. Many manufacturing pharmacists will substitute water for a part of the alcohol. The continual decrease in the price of manufactured goods without a corresponding fall in raw materials, compel them to do so. Consequently we may expect many of the fluid extracts of gelseminum upon the market to precipitate heavily, especially during the Winter months.

A very delicate reaction for gelseminum and its preparations is based upon the fluorescent property of gelseminic acid before alluded to. There may be other substances to which this test is in a degree applicable, but I feel warranted in saying, among the medicines in common use none are sensitive enough to be confounded with gelseminum.

Fill a four ounce graduate with distilled water, add one fluid drachm of aqua ammonia, wrap the lower half of the graduate with a cloth to exclude the light, then while looking down upon the surface of the liquid, carefully drop into it a few drops of any preparation of gelseminum. Instantly the surface of the liquid will change to, a beautiful blue color, strongest upon the side toward the light. When we remember that a pint

of fluid extract of gelseminum (full strength) contains but a few grains of gelseminic acid, and consider that a single drop of fluid extract will give the characteristic blue color to a pint of water, we can not but wonder at the extreme delicacy of the test.

I will close by saying that a perfect fluid representative of the medicinal principles of the gelseminum root should mix without alteration with alcohol, water, syrup or glycerine, or mixtures of these materials in any proportion. It should not become muddy by standing. It should not precipitate. Exposure to the influences of cold weather should not affect it. I am speaking now of a fluid extract prepared with relation to the real medicinal principles of the root. It can not be expected that a preparation made by simply running alcohol through a mass of roots will meet the above requirements. Pharmacists must investigate, must work and learn the properties of the substances they are operating with. They must pick their plants to pieces like the anatomist does the human body, and find the physical and chemical characteristics of each individual substance; they must learn to separate the gold from the dross. Much labor will be required, perhaps far more than many are willing to give. We want more light, and this can only follow diligence and hard work. The Scriptures say, "Seek and ye shall find."

---

**Art. XVI.—*Ideas about Pregnancy.*—By ROBERT SMITH, M. D.**

The policy of a state, country, or people, is to make careful provision for the future as well as the present; and by an inflexible organic law the race can not be perpetuated without reproduction. The animal instincts through sexual desires and the love of offspring, tend to perpetuity, yet those innate qualities have to be governed by statutory law as soon as they are influenced by the peculiarities of civilization. In many instances men and women living together in thickly populated districts, become so perverted in their instincts that they have to be compelled to protect and provide for their offspring. Legislators have been obliged to enact laws which make feticide a severe penal offense; and instead of abiding by old statutes which regarded the taking of foetal life as impossible only after the period of "quickening," they have advanced to the position established by physiologists, which regards the destruction of a germ a week after conception, an act as criminal in motive or intent, and consequently as penal, as the murder of a child a week after its birth. Not that there is as much life in a newly fructified ovum as there is in a recently born babe, yet after conception a new being has started upon a course of existence which no man has a right to raise his hand against. "Thou shalt not kill" is a command as imperative when applied to the abortionist as to him who would commit willful murder.

Fortunately for society, married women are willing to undergo the discomforts of child-bearing. They look upon maternity as a condition incident to the nuptial state, and regard offspring as a source of hope and happiness. As has been stated in other terms, the bearing of children is a condition imposed upon woman that the human race may be perpetuated.

The germs of new beings get their origin in the female ovary, and conception takes place in her womb; and when the masculine and feminine elements have fruitfully blended, an embryo or nascent being is "begotten," and it starts upon a career of evolution that results in adult proportions.

Why should a woman so pervert her moral sense as to allow the chief purpose of her existence to be thwarted? Does she not know that there is something elevating and refining in the later periods of gestation? Does she not appreciate that she can not attain the height of her destiny without becoming a mother? Maternity is the crowning grace of womanhood.

Let us examine some of the leading objections a woman raises against child-bearing. The principal one is that children are luxuries the poor can not afford, or an argument to that effect; the second in order of importance is that a pregnant woman must suffer intolerably while in this state, and incur a great risk to life at parturition; and the third and least weighty is that something important is about to transpire, and a pregnant state would seriously interfere with the pleasures and proprieties of the occasion.

In reply to the above objections it may be said that the first is not proved by experience. It is well known that people with limited means have fed, clothed, and educated large families, and have turned out the better citizens for the effort. Quite frequently is it the case that the best men and women were once members of large families. A married woman who opposes having children on the ground that she can not properly raise them, is a timid creature who needs words of assurance and encouragement.

The second excuse is one the physician knows best how to answer; he is ready to declare that in the majority of instances women go through parturition without extreme suffering or imminent peril. And those women who have borne the most children, raise the least objection to bearing more.

The third reason for not bearing children is not worthy of profound consideration. Most women can take a journey, entertain friends, and execute most of the varied duties of life, even while in an advanced state of pregnancy. It is a foolish and injurious custom for women to withdraw from the activities of life as soon as pregnancy is known to exist. The sterile woman generally has not enough to do, and time hangs heavily upon her hands; and she sighs for objects on which to lavish affection and attention. The happiest women as a whole, are those who in their declining days, have grown up children on whom they can lean and trust.

One of the most unfortunate phases of pregnancy is that the condition, through some unaccountable perversity, begets in the mind an intense disgust for maternity. The moral nature of the woman becomes so distorted that she who has reason to be proud of her state, conceives the idea that "bringing forth" is low, beastly, and loathsome, and that she would rather die than thus be degraded. While in this bewildered mental state she may call piteously upon her physician for relief; and when she meets with refusal, she may resort to threatening appeals, declaring she will positively commit suicide unless he promises to comply with her wishes. Such a case of insanity, for it is nothing else, is to be managed with the

discretion that is needed in the treatment of dementia arising from other causes. Weeks and even months may be consumed in the use of pretended abortives; and if the period arrives when it may be prudent to place the crazed woman under a guard to prevent her from committing any violence upon herself, she can be justly placed under restraint. As soon as parturition is over, a rational state of mind is likely to return.

The social degradation that attends the giving birth to an illegitimate child, often drives an unfortunate unmarried woman to commit suicide, therefore when a girl or widow inquires for abortive remedies to relieve her of her troubles, she should be put under *surveillance* or placed in an asylum where she may be screened from the eye of a taunting world. At the proper time, if she does not choose to take her infant and endeavor to raise it, she should be encouraged to give her shame-born yet innocent offspring to some childless married woman, whose heart is aching for an opportunity to twine its tendrils around a helpless creature;—and thus two, if not more, would be made happy.

**Art. XVII.—*A Remarkable Case.*** By GEO. D. COX, M. D., Kirksville, Mo.

On the 30th of last November Mr. Waymer called on me and said that his daughter Lizzie had taken something from her which was hard as a rock and large as the fist. As the girl was timid and averse to seeing a doctor, the father asked me to call at his house as if by chance. I did as had been suggested, and found that the father had not exaggerated the matter. The calculus is pretty well represented in the accompanying diagram. It is two and a half inches in length and over five inches in circumference in the most constricted portion. Measuring over the top of the knob it is six and a half inches. It weighs four ounces. Two small calculi came away at the same time the large one was delivered. The girl had endeavored to dislodge the calculus on several occasions, but it was not until suppuration and sloughing of the vagina and vulva had occurred that extraction could be effected.

I obtained the following history of the case from the patient: She is now 22 years of age; eight years ago, pain commenced in the region of the bladder, and the urinary flow was often obstructed while passing water. The urine was fetid. The general health became poor, and her father moved from New York, where he then lived, to Missouri. She had been treated for several ailments by different physicians, but would never permit any examination of her person. She ceased menstruating in July, 1873, and during the following September, she began to observe that the urine dribbled through the vaginal orifice. About this time much purulent matter and flakes of flesh escaped with the urine. Her health was so poor, and her sufferings were so great, that her parents and friends supposed she was laboring under cancer of the womb. The offensive odors arising from the urine and the purulent discharges, rendered it exceedingly unpleasant to stay in the room with her. She took large quantities of morphine to allay her pain; and her death was daily expected.

At my first visit, which was the next day after the passage of the calculus, I could not make a vaginal examination on account of the extreme tenderness of the vulva. The external parts were greatly excoriated and

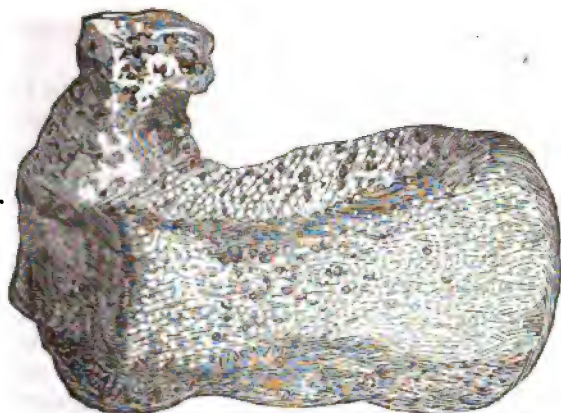


Figure of the vesical calculus which escaped through the vagina.

swollen. The urine escaped, not from the urethra, but from the vagina, which led me to suppose that a vesico-vaginal fistula existed, and to conclude that the calculus was originally vesical, and having ulcerated its way into the vagina, found escape through the vulva. I ordered injections of carbolic acid and water to be thrown into the vagina, and prescribed mineral acid tonics. The patient gained rapidly in flesh and strength, and promises to attain a good degree of health, with the exception of the false communication between the bladder and vagina.

A few days after the first visit I called again for the purpose of ascertaining the nature and extent of the fistulous opening; and I found that the vagina was so contracted from cicatrization that an ordinary speculum could not be introduced, even a digital exploration was attended with great pain. The borders of the chasm were hard as cartilage, and adventitious bands of neoplastic tissue had dragged the bladder downwards, so that the neck of the uterus could not be discovered. Since the passage of the large calculus, a second, the size of a pigeon's egg, and nearly round, has come away. Probably this existed before the large one escaped, for its surface presents evidence of having been worn in places by contact with another calculus.

The projection on the large stone probably formed after the large part descended into the vagina, and seems to represent the size of the fistula. The lump projected into the bladder, and was formed slowly by depositions of urinary salts.

The patient has remained so long with the limbs flexed that they can not be straightened. Possibly time and exercise will enable this great sufferer to walk upon her feet again.

I propose to have her wear a rubber urinal until an operation can be performed for the purpose of closing the vesico-vaginal communication.

This is not the first case of a vesical calculus finding its way into the vagina by ulceration of the vesico-vaginal septum, but it is rare enough to be remarkable.

---

**Art. XVIII. — *Surgical Diagnosis.*—By PROF. A. J. HOWE, M. D., Cincinnati, Ohio.**

The principles of surgery have become so well established and clearly defined, that the zealous learner, who is thoroughly trained in anatomical and physiological knowledge, may, by a careful perusal of surgical literature, confidently take the first steps in the study of surgical science, and prepare himself to make rapid progress in gaining correct ideas of the practice of the art as soon as clinical experience can be enjoyed.

Without a thorough understanding of the principles of a science no man need expect to become master of it. Boldness and tact may enable an individual, whose mental force is surgically inclined, to execute some notable operations; but nobody can attain distinction in the higher planes of surgery without becoming intimately acquainted with the principles on which the foundation of the science is based. A practitioner possessing slender acquirements in the rudiments of a medical education, may be politic enough to display considerable cleverness in the management of surgical diseases restricted to a certain range; yet the greater portion of surgical practice, especially its difficult grades, will naturally and inevitably find its way to those who have earned a reputation by prolonged courses of study, critical observation, and a determination to succeed in the higher walks of the profession of their choice. A physician who has no desire to compete with the skillful performer of surgical operations, may be quite well acquainted with the science of surgery, and appreciate the principles upon which its brilliant results are attained;—he is not necessarily inferior in education and mental strength because he does not display daring and dexterity in the handling of a knife, or adroitness in the manipulation of a dislocated limb, but to take as high a rank in the profession as the accomplished surgeon, he must be thoroughly acquainted with the therapeutic value of remedies, and understand the science of diagnosis, for in this all theoretical opinions in medicine converge, and from it all practical rules proceed. The effective appreciation of remedial means must depend upon a correct diagnosis—understanding—of the morbid action which may be the aim of the physician to subdue. The chemist or pharmacist may possess a critical knowledge of the physical character of medicinal agents, yet have no deep appreciation of their remedial qualities. The experienced and accomplished physician recognizes at a glance, or concludes after carefully grouping and comparing the symptoms of a diseased or morbid state, what particular beneficial effect can be produced with a medicine, and how much will be required to accomplish the desired purpose. The expert physician sees what is to be done, and knows what will do it, having no thought or regard for “medical formularies.” The great defect among physicians at large is, that they rarely comprehend morbid phases as manifested through symptoms, consequently the right remedy is seldom administered. It must forever

remain undisputed that if the phenomena of a disease be wrongly interpreted, the treatment, as a natural sequence, must be correspondingly faulty. The medical man who makes a jumble of a set of pathological signs, is likely to devise a complex mixture as a remedy. When a problem in diagnosis is rightly solved, the therapeutic indication is simple and precise.

The surgeon who has attained eminence without accident or caprice, must have been a close observer and ready interpreter of diagnostic signs. It is plain to everybody that it does not necessarily require a high order of skill to excise a mammary gland or to amputate a limb, but it may require the highest order of professional attainments to know when the operation is necessary. It is generally easy to reduce a luxated bone, yet who is possessed of sufficient acumen and experience to diagnose the lesion under all circumstances? It is not becoming in a young surgeon to boast that he can, as if by intuition, see a surgical disorder at a glance, for no such powers have been granted to any man. The time will come when the believer in intuitive knowledge will commit a blunder that a less confident and more discreet operator would have avoided. The more experienced a surgeon becomes the closer he scrutinizes every sign that bears upon diagnosis or an understanding of every feature of the disease under contemplation. If a tumor of the scrotum come under observation, and the diagnostic signs be not clear as to the nature of the disease, the use of the exploring needle is not to be despised, though it be quite evident that a hydrocele exists. It is not a pleasant surprise to cut into an aneurismal swelling under the impression that an enlarged lymphatic gland needs removing. Strangulated hernia has destroyed many valuable lives that might have been saved if the disease had been diagnosed correctly from the start.

Surgical diagnosis depends largely upon physical changes in the part diseased, and are consequently discoverable by the senses, hence a knowledge of anatomy is an essential feature of a surgical education. Not that a diseased structure closely resembles a normal state of the parts as a necessity, yet the natural tissue must be understood before an altered state of it can be fully comprehended.

The discreet and experienced surgeon inquires into the history of the disease under consideration; he notes with care every feature and phase at variance with health, comparing, when practicable, one side of the body with the other; and he carefully estimates the importance of every symptom presented. Mensuration and exploration with the most approved instrument for such purposes, are to be executed with scrupulous regard for exactitude in cases where they can be rendered available in establishing a diagnosis. A practical eye may readily detect a variation in the size of two corresponding parts in the body, or in the length of two limbs, but it is often a safe plan to apply a tape-measure, in order that the difference may be noted in inches and parts of an inch. The course of a bullet or fistulous track can not generally be known until a probe has been carefully employed. The presence of a vesical calculus is detected by an instrument carried through the urethra into the bladder; and the size and character of a uterine tumor are mostly determined by the use of an exploring instrument which is made to pass through the cervix uteri.

The influence of sex, especially in diagnosing diseases of women, must not be neglected, nor over-estimated. Excitability of function, coupled with a high degree of nervous impressibility, has much to do with what are denominated "hysterical" states. The period of life embraced between fifteen and forty-five covers the time during which the uterus and its appendages exercise peculiar influences upon the rest of the organism; and even then, only at intervals. Many women are not so morbidly impressible so far as sex exerts an influence, as some men;—a man may exhibit many of the phases of hysteria, and be benefited by the action of *asafoetida*.

Occupation, social condition and habits are to be considered while forming a diagnosis of certain morbid states: a worker in phosphorus is liable to disease of the jaw; a miner to bursal tumors on the elbows; a floor-scrubber to housemaid's knee; a spinster is subject to cancer, and ovarian cysts; and a bachelor to sexual disorders of various kinds; and those who drink beer to excess are more apt to have enlargement or induration of the liver. The use of wine and stimulating food, especially at late and irregular hours, leads to gout and nephritic diseases.

It would be unreasonable to ascribe every morbid phenomenon in a syphilitic patient to the influence of the venereal taint; or to declare that every ill manifested in a scrofulous person is attributable to the influence of struma, but those diseases exert so wide and lasting an impression that when they are known to exist, it is safe to give them a prominent consideration. Eczematous diseases possess the power to exhibit themselves in many different phases,—for instance, an individual having an eruptive form of eczema upon the body, may, if the eruption be suppressed, suffer from a paroxysm of asthma while the skin remains smooth; and as soon as the respiration is relieved by the influence of medication, the eruption will appear again, or some phase of disease will manifest itself in another part of the organism. In fact, eczematous eruptions should not be attacked with topical agencies, lest a morbid action be driven to some internal organ; yet there is little danger from external applications, if what are known to be constitutional remedies be administered at the same time.

Hereditary tendencies or peculiarities are so persistent in some families that if an inherent morbid quality be known, much may be judged in regard to a case that otherwise might be overlooked. Among the diseases that descend from one generation to another, are scrofula, phthisis, cancer, syphilis, varicose states of the veins, anal disorders, kidney difficulties, and mental aberrations; it is not improbable that many other affections of a serious nature are kept along by inheritance. Syphilis oftenest leads to complications of a perplexing character,—a chaste woman, for instance, who has borne children to a syphilitic husband, is in a condition to bear syphilitic children to a second husband who is uncontaminated; and a healthy wet-nurse may become infected through a nursling, and transfer the disease to her own family, though she and her husband have lived blameless lives.

Persons presenting themselves for surgical treatment are apt to allege that the cause of the disease could be directly ascribed to a blow, strain,

or trivial injury of some kind, though in a majority of instances it is probable that the supposed cause is not the real one. A woman who has cancer of the breast may ascribe the origin of the disease to a milk abscess that affected the mammary gland some years previous to the appearance of the malignant disease. In this she may be correct, yet it is not improbable that the location of the malignant manifestation was merely a casual coincidence. The death of Sir Benjamin Brodie was caused by malignant disease of the shoulder-joint,—and the cancerous invasion was in an articulation that had suffered from dislocation some years before; but if it be considered how frequently dislocation of the shoulder occurs, and how rarely cancer attacks that joint, it would be a stretch of the imagination to behold any connection between the injury and the subsequent cancerous occupancy.

Patients, to conceal illegal and disreputable acts, frequently exhibit considerable ingenuity in framing plausible theories to account for morbid phenomena, therefore the surgeon must be on guard against being deceived by fraudulent representations. A woman may through occult motives, claim that her person has been violated, and exhibit abrasions of the vulva and contusions of the wrists and throat, as if a struggle had occurred, yet the whole be self-inflicted. Infantile leucorrhœa has been represented as evidence that a man having gonorrhœa has had criminal contact with the child; and false imprisonment has resulted.

Melingerers not unfrequently feign diseases with such tact that no expert in the arts of the detective can discover the trick. The object of malingering is generally to receive the advantages of eleemosynary institutions, or to escape work or military duty.

The questioning of a patient, while the surgeon is attempting to establish a correct diagnosis, is to be carried on adroitly, especially if there be a preconceived notion on the part of the patient that his disease is thus or so. A skillful questioner will so frame his queries that the patient can not discover which way the querist would like or expect to have them answered. A shrewd examiner does not put leading questions, unless it be to make the patient's testimony contradict itself before the evidence is complete.

Several of the senses are levied upon in making out a difficult diagnosis;—the sight notices alterations in form, color, volume, and transparency, and this sense can sometimes be aided by a microscope, or magnifying instrument; the sense of touch may discover changes in shape, consistence, and mobility; the ear detects abnormal sounds of the heart and respiratory organs, as well as the bruit of aneurisms, and crepitation: unpleasant and suspicious odors, as of the breath, perspiration, and foul discharges, are detected by the sense of smell. The sense of taste once disgustingly employed in forming a diagnosis, is no longer degraded for any such purpose.

A pocket lens is a cheap and useful instrument to be employed in observing minute objects, as cutaneous eruptions, parasites, granulations, and certain discharges. The microscope is an instrument of value to the pathologist in critically examining liquids and solids morbidly produced. The instrument has, unfortunately, been decried by those who know little

of its use ; and, perhaps, overpraised by those who know little else. It is claimed by experts in microscopy that they can distinguish the difference between the cells of benign and malignant tumors, which may be safely admitted in cases where other sources of information leave no doubt in regard to the character of the disease, but in obscure and complicated cases the revelations of the microscope alone can not be fully trusted. In the examination of pus and blood-globules, of epithelium, spermatozoa, animalcules, fungi and many other minute objects, the microscope is invaluable in the hands of those who have had practical experience with the instrument. The ophthalmoscope, the laryngoscope, and specula of various kinds are in use to assist in diagnostic science. The stethoscope is useful in determining aneurismal sounds and respiratory rales, as well as beating of the fetal heart in suspicious abdominal tumefactions. The sphygmograph is attaining some importance as a diagnostic instrument, and the thermometer has a settled place and acknowledged value.

The fluid contents of an abscess are usually ascertained by the sense of touch, a feeling of fluctuation being imparted to the finger, but in doubtful cases the exploring needle is brought into requisition. In cases of ascites it is not always easy to discover by the tactile sense whether fluid exists in the peritoneal cavity or not, but in the majority of instances the fluctuating impulse can be detected if both hands be used upon the walls of the abdomen.

When the walls of a cystic tumor are very thick the fluid contents of the sac may not be discoverable by the fluctuating impulse. I once was in doubt whether a tumor in the parotid region as large as the fist and firmly fixed, was removable or not. The character of the tumor was presumed to be fibrous, but the use of an exploring needle decided that it was cystic, with thick parietes. Of course, there was no longer a question in regard to the practicability of removal.

The aids that chemistry can bring to aid in surgical diagnosis are not numerous. In urinary diseases a few chemical tests are exceedingly valuable. So much progress is being made in organic chemistry at present that a rational hope may be entertained that still greater assistance may be derived from it in future for diagnostic purposes. The use of litmus paper in determining the acidity and alkalinity of saliva, urine and fluid discharges from the body, should be more common than it is. The specific characters of septicæmic poisons may yet be discovered, together with preventives and antidotes.

---

**Art. XIX.—An Indication for Belladonna.** By DR. J. W. WILLIAMS, Weston, Wood Co., Ohio.

PROF. SCUDDER—*Dear Sir* : If you regard the following of sufficient importance, please give it a place in the Journal : In practice I quite frequently find a beating or throbbing headache, very annoying to patients. I regard this a positive indication for the use of belladonna, and when I can get this with any one of the more common indications for its use, I prescribe it and get the right answer every time.

R Belladonna, gtt. v.  
Water, ℥iv.

M.

Dose, a teaspoonful every hour or two hours, owing to the urgency of the case.

I have tried it in measles, erysipelas, remittent fever, acute amenorrhea, menorrhagia and dysmenorrhea, as well as a number of cases of simple headache. This is a Homœopathic indication, and I only report my success because I have never seen it stated in any of our books, and to encourage more of our physicians to study indications in connection with remedies more carefully, and to give "specific medicines" a thorough, careful and unprejudiced trial, always keeping in memory, it is not the quantity of medicine that gives relief, but that success lies in carefully selecting the right remedy.

*Art. XX.—Specific Medication.* By T. W. MILES, M. D., Joplin, Mo.

The general idea obtained by the physician, especially if he be rather a superficial observer, as he glances over our symptomatology, is that it is utter *empiricism*, and entirely devoid of a *scientific basis*. That, to make a certain expression, or the location of a pain, mean a certain remedy, no matter what the *name* of the disease, is the direst nonsense, and unworthy the thought and investigation of the scientific physician.

But if he will only take the trouble to study this thing up, and investigate it from the bottom, I think he will find that it is founded upon purely scientific principles, and as unchangeable a law as that "like causes always produce like effects." And if he will, in ascertaining the pathological condition in any given case, carry his diagnosis a little further than is usual, and determine the condition of a part as to *innervation* and *circulation*, whether these be in *excess* or *defect*, he will find much more certainty of success attend his prescribing.

Take for instance the flushed face, bright eyes, contracted pupils and increased heat of the scalp, that means gelsemium. Now what (scientific) sense is there in prescribing gelsemium when these symptoms present? Let us see. What is the state of the nervous and circulatory systems? Surely that of *excitation*. And they never do present unless there is more or less excitation, that is, they are in excess. Now we have learned by experience that gelsemium exerts a sedative influence upon the brain and nervous system, especially the sympathetic, and as the business of the physician is to bring down excessive, elevate defective, or bring back perverted conditions to the healthy standard, it necessarily follows that gelsemium is the remedy in the condition described. We might ask how does gelsemium do this? And we might answer, that it acts on the vaso-motor nerves, relaxing the capillaries and diminishing the friction and rapidity of the current of blood through them.

Now this would satisfy some. But still one might ask, how does it act on the vaso-motor nerves? There is no use of inquiring into the *modus operandi* of any medicine, for if we follow up the investigation with the question *how*, we are no nearer solving the problem at the end than at the commencement. We know from experience that a certain medicine acts

upon a certain part, and that it acts as a sedative or stimulant to that part, but why or how I think may be classed with the unknowables.

Let us look at the symptoms pointing to a few more remedies. A non-inflammatory condition with abdominal pain in the region of the umbilicus, means *nux vomica*. Why does it mean *nux*? Because such a pain always depends upon an atonic condition of the bowels, defect of innervation, unless there is structural lesion, and then there is generally more or less inflammatory symptoms. *Nux* is a stimulant to the part, hence relieves the pain by restoring to a normal condition. This was first learned by experience. But now is its use rational and scientific, or empirical? We have a functional wrong that produces a general oedematous condition, denoted by fullness of tissue, and puffiness under the eyes. Remedy, apocynum. Why, because we have learned by experience, that it always relieves that condition. But why it does it is "past finding out." We might say that it acts upon the coats of the blood-vessels, causing them to retain the serum, and favoring the absorption of that already effused. But still the question why and how would remain unanswered.

The first knowledge of the action of any medicine is obtained empirically. But after its action upon the system is once established by experience, its use is rational, and just as scientific as is the combination of two or more elements in a chemical action, which was first learned by experiment.

**Art. XXI.—Treatment of Diphtheria by *Phytolacca*. By T. BROCKWAY, M. D., New Britain, Conn.**

PROF. SCUDDER—*Dear Sir*: Ever since I purchased your publications, *Specific Diagnosis and Specific Medication*, I have been a close student of the principles as taught by you. Formerly I adhered to the old Thomsonian or Botanic practice, and at this time, even though one of the Board of Censors of the State Botanico-Medical Society, I give up, and take *Specific Medication* for my future practice. It is hard work to get out of old ruts, but I am not one of that kind that have eyes, and see not.

At this time we have an epidemic of diphtheria of a malignant form, and I have treated eleven cases with tincture of *phytolacca* from green root, aconite, belladonna and veratrum as indicated, hot bricks to feet, and hot vinegar to throat; all recovered under this treatment. My Regular and Homœopathic friends losing many little ones, and my practice on the increase. I will at my next leisure give you some cases treated by *Specific Medication*.

**Art. XXII.—An Unusual Case. By DR. W. L. GULLETT, London, Shelby Co., Indiana.**

Mrs. S., aged about forty, was confined with her fifth child on the night of the 27th. Dr. Ferree of this place was called at 1 A. M.; found the labor progressing favorably and naturally, and at 4 A. M., a living child of good size was delivered, but just to the right of the umbilicus, was an opening about two inches in length, through which the entire bowels of the child protruded. By the favor of Dr. Ferree I saw

the case about 3 P. M. The child had taken some nourishment, and seemed lively enough, but the intestines were considerably swollen, and turning black. The child lived after I saw it about twenty-four hours, making nearly thirty-six hours in all. No attempt at replacement was made, and no displacement of the other viscera was found.

[The bowel should have been immediately replaced, and a proper retaining bandage applied. No matter what the prospects of the child's living might have been, the physician would not do his duty unless he had done this.—ED.]

---

**Art. XXIII.—On the Treatment of the Nasal Cavity.** By B. F. CHAPMAN, M. D., Brooklyn, N. Y.

The treatment of the nasal cavity has hitherto been attended with much difficulty, owing to its many complications and sinuses, and consequently only partially accessible, if accessible at all, to local treatment.

The removal of growths and the treatment of diseases of the lower and median nasal canal has been the extent of medical and surgical efforts, and even that, in many cases, was incomplete, and we had a speedy return of the disease. The topical application of remedies for the treatment of diseases of this cavity, is no doubt, the most effectual, and *only true* therapeutic requirement, the principal difficulty being the proper application of remedies to the whole nasal canal.

To effect this purpose, many instruments have been devised; the most common in use perhaps are the nasal douche and the nasal syringe, throwing one or more streams of the fluid to be injected or introduced. Both of these instruments, however, have their objections. Many cases of deafness no doubt have been produced by the use of the nasal douche from the hydrostatic pressure upon the mucous membrane, producing as it does hypertrophy or thickening of that membrane, thereby closing the inner opening of the Eustachian tube, at once producing either partial or total deafness. Many other objections might be mentioned, but this alone is quite sufficient to condemn the use of the nasal douche.

Then the nasal syringe has its objections; owing to the velocity with which the injected fluid strikes the walls of the nasal cavity, creating much pain and irritation, even the injection of pure water in very minute streams against the Schneiderian membrane produces more or less pain, stertoration, lachrymation, etc.; and especially in the case of a child it is next to impossible to use either of the above instruments, and when used, the fluid does not remain in contact with the diseased surface for a sufficient length of time to effect more than even the slightest medicinal action.

Then again for the treatment of these diseases we have the topical application of ointments, etc., which can only be applied "even with the most careful manipulation" to the lower and perhaps median canal, consequently treatment of this kind must be imperfect at best, and in many cases of no benefit whatever.

Diseases of the nasal cavity, especially those of the different forms of catarrh, have become so prevalent of late years, principally along our sea

shores and in our northern climate, that it behooves us as physicians to use every means within our power to alleviate them.

To accomplish this object and to overcome the difficulties in the instruments above mentioned, at my suggestion, and according to my directions, Messrs. Tieman & Co., of New York, have succeeded in making an instrument which is destined to supersede all others now in use for the treatment of these diseases.



It is made of hard rubber, and is so constructed as to throw only the finest particles of spray or vapor entirely through the nasal cavity, spreading the fluid in its course over the entire mucous membrane, and in such fine particles, that not the slightest pain or irritation attends its use. On the contrary, its application is pleasant and agreeable to any inflamed surface. The instrument, as can be seen by the accompanying cut, consists of a double tube, one within the other, which conduct the fluid and the air into a small round bulb, to fit the nostril, containing a minute opening, through which it escapes in the form of spray. The instrument is so curved as to be easy of application, and used with Richardson's double air bulbs, a continuous spray is produced which may be kept up as long as desirable.

For treating the throat, bronchial tubes and lungs, I have a similar instrument, with a longer curve or neck "which also answers as a tongue depressor," through which the spray may be carried even into the smallest air-cells if desirable, thereby applying the medicine directly to the diseased surface, thus saving the time necessarily consumed in its passage through the circulation.

At the last meeting of the Brooklyn Academy of Medicine, I had the honor of introducing my new instruments, where I am happy to state, they received the hearty approval and endorsement of all present.

As to the remedies to be used, I shall leave that to the judgment of the physician, different cases, of course, requiring different treatment. I would, however, suggest the use of the following, having used nearly all of them of late with the instrument: Aqueous Solutions of Tar, Carbolic Acid, Salicylic Acid, Pinus Canadensis, Nitrate of Silver, Permanganate of Potash, Chlorate of Potash, Tannic Acid, Chloride of Sodium, etc.

Were it not for occupying too much of your valuable space, I should like to report several cases that have come under my treatment after going through the hands of several Specialists. I will simply state, however, that not a single case has fallen into my hands since commencing the use of this instrument, that has not received immediate benefit, several cases

having already been discharged cured, and all have expressed themselves as greatly pleased with its use. I shall take pleasure in answering any questions that may be asked either by letter or through this Journal.

**Art. XXIII. — Diphtheritic Croup.** — By O. M. L. DOOM, M. D.  
Moulton, Iowa.

PROF. SCUDDER: In the Journal for January, 1876, Dr. W. L. Guin makes inquiry how to treat the above malady, which has prevailed here during the Winter, with one additional symptom which I suspect the doctor has overlooked, viz: spinal irritation, which is indicated by the restlessness of which he speaks. Now, Doctor, you are just the material to make a great man. When you do not know a thing say so, that is the only road to success, and we as a family of brothers should always stand ready, as far as may be, to assist each other. I am not egotistical enough to say what will cure your patients there, but with an extended practice here, I have lost none under the following treatment: A slight emetic at first, or not at all, for as you truly say, an emetic after the throat symptoms are developed, only aggravates the disease.

R Tinct. Aconite, gtt. x.  
Tinct. Asclepias Tub., 3j.  
Water, ʒiv.

M.

Dose, a teaspoonful every hour.

R Sol. Sulphite Soda,  
Teaspoonful every three hours.

Bathe feet morning and night in warm water. Keep constantly applied to throat flannel cloths dipped in a strong solution of red pepper, salt and vinegar, warm, over which place a dry cotton cloth. Renew three or four times a day. The above for a white pasty coat on tongue. Shiny, with red or dark tongue, add twenty drops phytolacca decandra, and continue as above. I have used the ailanthus glandulosa in place of asclepias tuberosa with equal success, and believe it is destined to rank high as an anti-spasmodic. For spinal irritation, restless, tossing head and arms, rolling from side to side, curvature of spine, a sensation of heat in the back, I have but one remedy. Bathe the spine every half hour with cold water, five minutes each time. Continue in a straight line, brother, and report success.

## PERISCOPE.

**Physiological Action of Lobelia.** By DR. OTT.

Dr. Isaac Ott, Demonstrator of Physiology, University of Pennsylvania, has again favored the medical world with another admirable therapeutic study. This time he investigated the active principle of lobelia, and he gives the following conclusions as to its physiological action:

1. Lobelins, like nicotina and conia, paralyzes the motor nerves.
2. Lobelina does not destroy the functions of the sensory nerves or the striated muscles.

3. Lobelina, nicotina, and conia, depress the excitability of the spinal cord.

4. Lobelina destroys voluntary movement and co-ordinating power.

5. It temporarily decreases the pulse, followed by a subsequent increase, often beyond normal. Nicotina does the same. Lautenbach states that conia increases the heart-beat.

6. This action on the pulse is due to an action on the cardio-motor ganglia, provided that atropin paralyzes the cardio-inhibitory ganglia.

7. Lobelina, nicotina, and conia, temporarily decrease the pressure, followed by a rise much beyond normal.

8. This increase of pressure is due either to a peripheral vaso-motor action, or to an excitation of the spinal vaso-motor centres.

9. Lobelina, nicotina, and conia, paralyze the pneumogastrics.

10. In large doses it paralyzes the vaso-motor centre, both to direct and to indirect irritation.

11. Lobelina, nicotina and conia, accelerate the respiratory movements.

12. After section of the vagi, lobelina and conia cause no increase of respiratory movements.

13. It increases and then decreases the temperature; nicotina and conia decrease the temperature.—*Philadelphia Medical Times.*

#### ***Salicylic Acid in Aural Discharges*** By J. J. CHISOLM, M. D.

Seeing reports of the advantages derived from sprinkling powdered salicylic acid upon the surface of chronic ulcers, it was inferred that this new disinfectant may prove of value in aural surgery. Dr. C.'s experience was chiefly with the acid in powder diluted with calcined magnesia or oxide of zinc; though the pure acid could be very safely applied to the discharging tympanic membrane. He used one part of salicylic acid to two parts of magnesia. The ear being thoroughly cleansed, the powder was blown into the ear through a quill or a laryngeal powder-blower. The effect in all cases has been good; its controlling influence being much more marked in some persons than in others. In most cases the application has to be repeated daily before the aural discharge is stopped.—*Western Lancet.*

#### ***A New Method of Inflating the Middle Ear.*** By JOS. GRUBER.

In order to force air into the Eustachian tubes without using a catheter, the upper pharyngeal space must be tightly closed against the fauces. This is accomplished in the simplest way by the act of deglutition as shown by Politzer's method. But the same can be achieved also by simply crowding the root of the tongue against the posterior portion of the palate while a forcible expiration is made simultaneously. During this procedure the root of the tongue shuts off the cavity of the mouth against the fauces and pushes the soft palate backward and upward, and the simultaneously expired air raises the soft palate so much that it forms a complete diaphragm between the fauces and the space above the velum palati. The expired air, therefore, escapes neither through the mouth

nor through the nose, as one can readily prove by holding a light before the nose and mouth; it will not be moved by an air current as it would be if the air passed out of these orifices. Even an unintelligent person can carry out the desired movements of the tongue and velum palati by pronouncing such monosyllables as hack, hick, hock, huck. And by holding the tongue in the position which is necessary for the pronunciation of ck, (or kk), the patient can, at his pleasure, keep the naso-pharyngeal space closed against the fauces for some minutes. This new method is executed like Politzer's: when the ivory tip of the air bag is inserted into one nostril and the nose hermetically closed around it with the fingers of one hand, the patient is directed to pronounce one of the above syllables while the bag is emptied. The advantages Gruber claims over Politzer's for his method are:

1. It does away with the swallowing of water against which many patients have a great antipathy (1), especially because they dislike to drink out of a glass which was used by other persons.
2. One can force the air into the middle ear for some time in succession, because the patient can prolong the pronunciation of kk.
3. One can auscultate the middle ear.—*Allg. Wiener Med. Zeitung.*

### *The Relations of Pharmacists to Physicians and Nostrums.*

By FREDERICK HOFFMAN, PH.D.

1. The *nostrum traffic* has attained such dimensions that, according to reliable statistics,\* two-thirds of the total quantity of medicines annually consumed in the United States, are dispensed in the form of nostrums. When we inquire for the causes of this remarkable fact, in a country which can boast of one regular practitioner of medicine to every 600 inhabitants, looking aside from those thinly-settled regions whose population is scattered widely apart, where medical aid can not be had readily and at all seasons of the year, and where for want of recognized family medicines or generally approved formulas for household remedies, the people as yet have recourse largely to nostrums; there are three alternatives obvious: first, that a large number of the nostrums really possess so much merit and have secured so much credit, as to offer, in all ordinary cases, a satisfactory substitute for average medical skill, as it can be obtained at present; or, secondly, that this latter is largely regarded as so far inferior or disproportionate in price to the actual or fancied benefit derived from nostrums, that experience and fact have secured for the infallible "cure-all" a greater confidence than is felt in the fallible doctor; or, thirdly, that the public, who annually spend so many millions of dollars more for nostrums than for doctors, must greatly lack in common sense and judgment.

The pharmacist, as far as the nostrum traffic is concerned, is but a merchant; he occupies a neutral ground, and can not, if he would, regulate it. His personal inclination or preference has just as little to do with the merits or demerits of nostrums as it has with those of the doctor;

\* Boston Medical and Surgical Journal, August, 1874; and "American Journal of Pharmacy, September, 1874, p. 445.

nor have pharmacists, in general, any influence upon the choice of the public between either of them, although their preferences as well as material interests are certainly in favor of the latter; and, moreover, they suffer by the alleged degeneration of their profession into a mere trade, much more than the physicians do, or than is generally known. It is not in their power, however, to change the law of demand and supply, nor can this be accomplished by statutes, forbidding or endeavoring to control the sale and use of nostrums, or the choice of remedies, doctors, or methods of treatment, by the people, any more than it is possible to protect the community in that way from the evidently large numbers of insufficiently educated, incompetent "and unskilled, yet regularly graduated, physicians,"\* nor restrain these from experimenting on the health and life of the afflicted, who, in many cases, have no chance to obtain an approximately correct estimate of the qualification of the physician or to discriminate between the educated one and the pretender, and, still less, have any means of detecting incompetency and malpractice, until, perhaps, it is too late, and a valuable life has been sacrificed.†—*American Journal of Pharmacy.*

---

#### *Effectual Plug in Nasal Hemorrhage.*

Many years since my master, the venerable and eminent surgeon, Dr. W. Perry, of Exeter, N. H., taught me at the bedside of a patient nearly moribund, the following simple method of arresting nasal hemorrhage:

Bellocoq's instrument and all its contrivances are not to be compared with this of Dr. Perry's, for ease of application and efficiency. It has never failed in my hands, either in hemorrhage or typhoid fever, in that connected with diseases of the heart, or purpura, or nasal hemorrhages of any other origin. Roll up between the thumb and fingers a lock of cotton into a cylinder or little roll, an inch or an inch and a half in length; tie a strong thread to the middle of the roll; bring the two ends of the roll together, and then, opening the nasal orifice by pressing down with the end of the finger its lower margin, pass the middle or folded part of the roll (where the string is tied) in the nostril; next with the blunt end of a lead pencil or stick, press in the cotton roll slowly, along the floor of the nostril, an inch or more, and rest. If the blood passes down into the throat, you may be sure the bleeding spot is behind the roll, so push in your roll further and the blood will cease to pass behind. Then holding on to the string, pass some loose cotton into the nostril, and push it in and along, with the pencil, down to the plug. The cotton will swell with the moisture, compress the bleeding surface, and arrest the hemorrhage. It is well to let the plug remain for two or three days. The string attached to the cotton may be carried up around the *alæ nasi*, to the side of the cheek, and fastened with a strip of adhesive plaster. In a day or two the mucus or natural secretions of the nasal surfaces will loosen the plug, and it may be easily removed by the string. The dry cotton will, in an

---

\*Dr. H. C. Wood, Jr., "Medical Education in the United States," in "Lippincott's Magazine," December, 1875, p. 703; and "Philadelphia Medical Times," Jan. 23d, 1875.

†"New York Daily Times," July 17th, 1875.

ordinary case, answer for the plug. If you choose, you can wet it in liquor ferri persulphate, or cause the plug to be dusted over with pulv. ferri persulphate, or ferric alum, or tannic acid, or any other astringent that may be preferred.—*Phil. Med. and Surg. Reporter.*

---

***Equisetum Hyemale* (Scouring Rush).**

DESCRIPTION: This plant, also known as horse-tail, shave-grass, etc., is a perennial plant, with simple, stout, erect, jointed and hollow stems, fourteen to twenty-six longitudinal furrows. Fertile plants, mostly leafless. It is common to the northern and western parts of the United States, growing in wet ground on river banks and bordering of forests, and matures in June or July. It abounds in silex, on account of which it has been used to scour, polish, etc. The whole plant is used. It has been used mostly by Eclectics as a diuretic and astringent, also in nephritic affections. I believe it has not been proved. I was told a few days since of a horse that was very fond of it, and ate of it largely one day. That night he had strangury of which he died, as he could not be relieved. I did not hear the particulars further.

My attention was called to this remedy by a letter written by Dr Thayer, of Boston, to E. D. Buffington, proprietor of the Homœopathic Pharmacy of this city (who has a large quantity of the tincture made from the green plant), who had used it in a case of incontinence of urine of twenty years' standing, curing the patient in about ten days, if I remember correctly. Since that time I have used it very often in urinary troubles of all kinds, with good success; but principally in incontinence of urine (enuresis) in children, with a perfect cure in every case so far.

I do not wish to be understood that *Equisetum Hyemale* will invariably cure all cases of incontinence of urine even in children, for we must remember that very often incontinence is caused by a morbid irritability of the neck of the bladder; or of the entire organ excited by the acid character of the urine, or by sympathy with the kidneys, rectum, anus, vagina or uterus. In early pregnancy the patient is often tormented with a constant desire to urinate, and if the inclination is not instantly gratified the water flows off involuntarily. Worms in the lower bowel, hemorrhoidal tumors and fissures of the anus are often attended with incontinence. Onanism, or inordinate sexual indulgence, by establishing a morbid sensibility of the mucus membrane of the neck of the bladder or the commencement of the urethra, may be followed by the same result. In most of these instances the incontinence is incomplete. To young subjects obviously belong these forms of disease. In the treatment of these forms of incontinence particular inquiry should be made into the nature of the exciting cause, the removal of which is of paramount importance. The condition of the urine is examined, disease of the neighboring structure is corrected, the patient's habits attended to, and the remedy best fitted to remove the cause given—and you will be successful.

But when there is no tangible cause excepting a habit (as it were) which has remained after the primary cause has disappeared (as it is in a great many cases), the *Equisetum Hyemale* will cure almost immediately, and

permanently. In Dr. Bruce's case the cause seems to be "power of habit" remaining after the primary cause has been removed, without the entire removal of the morbid irritability of the bladder, as a whole, or some of its parts. I should, therefore, prescribe *Equisetum Hyemale*, as before said, feeling confident that it would restore the parts to a normal condition. As an adjuvant, I should touch the young lady's pride by telling her she *must* control the habit by being on her guard, etc.—*Medical Investigator*.

---

*Treatment of Diseases of the Joints by Sulphuric Acid.*

The treatment of diseases of the joints—especially of pulpy degeneration of the synovial membrane of joints—by the application of sulphuric acid to the diseased tissues, has of late been tried by a few of the surgeons of some of our metropolitan hospitals. Though present experience is far too limited to allow of any definite conclusions being drawn as to the precise value of the remedy, or as to the exact place it should take in the treatment of joint cases, it may interest our readers to know what that experience amounts to, so far as we have been able to ascertain it.

It is now more than five years and a half ago since Mr. Pollock, in an interesting and instructive paper in the *Lancet*, first directed the attention of the profession to the beneficial effects produced by sulphuric acid in the treatment of caries and necrosis. Mr. Pollock there states that he was led to try the acid as a solvent of diseased bone by having under his care a very aggravated case of syphilitic necrosis of the skull, in which from the conditions, he was averse to any instrumental interference for the removal of the diseased portions, but in which it was clear that a very long period must elapse before exfoliation could take place if nature was unassisted by the surgeon. Subsequently, in 1865 and following years, he employed it in other cases of syphilitic necrosis of the bones of the skull, syphilitic necrosis of the tibia, and necrosis of the tibia after fracture, also for the destruction of carious surfaces in cavities of bones, and of patches on the surface of deep-seated (*e. g.*, the pelvic) bones.

The mode in which the acid is employed is twofold—either to touch the diseased bone with a glass brush or rod dipped in the strong acid; or to use a mixture of acid and water in equal parts, or in the proportion of one part of acid to two, three, or six parts of water, and either syringe it into the cavity of the bone, or place some lint, soaked in the lotion, upon the surface of the necrosed portion.

In no one of a large number of cases treated in this way at St. George's Hospital and in private practice had any evil consequences been known to follow the application of the acid to diseased bone of any part of the body, nor had the remedy been found a painful one; and when the acid has been used diluted it has not caused uneasiness to, or irritation of, the soft tissues. The antiseptic qualities of the acid favor its use, for, by altering the character of the foul discharges which so often accompany diseased bone, it puts a stop to all disagreeable smell. Hence it is a valuable agent in necrosis of the jaw, because it modifies the fetor which affects the breath of patients so afflicted.—*Medical Times and Gazette*.

***Subcutaneous Injection of Water.***

Dr. Lelut, in a communication to *L'Union Medicale* of October 5th, states that, during the last three months, he has employed subcutaneous injections of water only for the relief of pain, with the most successful results. He relates how he was induced to adopt this method of treatment by pure accident. He had left a bottle containing a solution of morphia on his desk. His servant upset the bottle, and filled it with water to conceal her carelessness. The next day Dr. Lelut, having occasion to repeat a hypodermic injection in the case of a patient suffering from sciatica, used the liquid from the usual bottle. When he saw his patient the next day, he found him in a most lively frame of mind, and was thanked by him in the following terms: "Oh! doctor, how grateful I am to you. You relieved all my pain without making me feel sick." He was astonished at this result in a patient who had suffered from nausea and vomiting after each injection. He naturally proceeded to examine the solution used, and was astonished to find only pure water in the bottle. He repeated the experiment during the ensuing days on several patients, and invariably found that he gave them relief and avoided nausea and vomiting; he has consequently, as above stated, continued to employ the same plan from June last up to the present time, with, as a rule, satisfactory results.—*British Medical Journal*.

---

***Warburg's Tincture.***

This anti-pyretic remedy, which has attained much celebrity, and the composition of which was kept secret, has just been made public, in a paper by Prof. Maclean, of the Netley Medical School, published in the *Medical Times and Gazette*, of Nov. 13, 1875.

"It will be seen," says Prof. Maclean, "that quinine is the most important ingredient in the formula, each ounce bottle containing nine grains and a half of the alkaloid. Its presence has been detected by every chemist who has attempted its analysis, and never doubted by any medical man of experience who has used the tincture. Many will say 'after all, this vaunted remedy is only quinine concealed in a farrago of inert substances for purposes of mystification.' To this objection my answer is: I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential highlands of the Northern Division of the Madras Presidency, on the malarial rivers of China, and in men brought to Netley Hospital from the swamps of the Gold Coast, and I affirm that I have never seen quinine, when given alone, act in the manner characteristic of this tincture. And, although I yield to no one in my high opinion of the inestimable value of quinine, I have never seen a single dose of it given alone, to the extent of nine grains and a half, suffice to arrest an exacerbation of remittent fever, much less prevent its recurrence; while nothing is more common than to see the same quantity of the alkaloid in Warburg's tincture bring about both results."

The following is the formula for its preparation:

R. Aloes (Socotr.) libram; rad. rhei (East India); sem. angelicæ; coarct. feet. damocratis; ana uncias quatuor.

Rad. helenii (s. enulæ); croci sativi; sem. fœnicul.; cret. præparat.; ana uncias duas.

Rad. gentianæ; rad. sedoariæ; pip. cubeb.; myrrh. elect.; camphor; bolet. laricis; ana unciam.

The above ingredients are to be digested with 500 oz. proof spirits in a water-bath for twelve hours; then expressed, and added ten ounces of disulphate of quinine; the mixture to be replaced into the water-bath till all quinine be dissolved. The liquor, when cool, is to be filtered, and is then fit for use.

The mode of administering it is as follows:

"One half ounce (half a bottle) is given alone, without dilution, after the bowels have been evacuated by any convenient purgative, all drink being withheld. In three hours the other half of the bottle is administered in the same way. Soon afterwards, particularly in hot climates, profuse, but seldom exhausting, perspiration is produced. This has a strong aromatic odor, which I have often detected about the patient and his room on the following day. With this there is a rapid decline of temperature, immediate abatement of frontal headache—in a word, complete defervescence—and it seldom happens that a second bottle is required; if so, the dose must be repeated as above. In very adynamic cases, if the sweating threatens to prove exhausting, nourishment in the shape of beef-tea, with the addition of Liebig's extract, and some wine or brandy of good quality, may be required."

### *Pathological Anatomy of Endemic Malarial Fevers.*

In the *Archives de Physiologie*, No. 5, 1875, Prof. Kelsch, of the Military Hospital Val-de-Grace, gives an account of a study of the changes found in the blood of patients suffering from malarial fever, made by means of this very valuable method.

The conclusions arrived at are, that in this fever there is—(1) A diminution in the number of the cellular elements of the blood; (2) An augmentation in the size of the red globules; (3) A development of a black pigment which does not enter into the normal composition of the fluid. The observations extend over three classes of cases—simple fevers, pernicious (malignant) fevers, and cases of cachexia.

### *Monobromide of Camphor.*

In a recently published pamphlet, Dr. Pathault furnishes an abstract of the literature of this compound, which was discovered and described by Swartz in 1862, and was introduced into medicine in 1871 by Deneffe. On the physiological action of the drug, to which he adds one or two original observations, he closely follows M. Bourneville and Dr. Lawson, and finds that it is eliminated in the urine.

It lessens the frequency of the pulse and the number of respirations, causes a marked and regular depression of temperature, and exerts a decided hypnotic influence (on guinea-pigs and rabbits). On the whole, it

appears to be an energetic nervous sedative and an undoubted anti-spasmodic; but certain difficulties and objections attend its continued use.

It has been administered in delirium tremens, insomnia, chorea, infantile convulsions, hysteria, dyspnoea, neuralgia, irritative genito-urinary affections, and in a considerable number of cases of epilepsy by M. Bourneville. This observer thinks that the bromide of camphor is formally indicated in vertiginous epilepsy; but, with the exception of reducing their frequency, it can not be said to have much influence on the fits themselves.

From the insolubility of the drug in water, it may be administered in pills, *dragees*, or capsules; preferably the latter (each capsule containing three grains). The doses hitherto given have varied from six to sixty grains. The remedy is not adapted for hypodermic injection.

The experience of MM. Trasbot, Dujardin-Beaumetz, and Gubler does not confirm the good effects claimed for this medicine, and doubt is cast upon some of M. Bourneville's physiological observations.

Dr. Valenti y Vivo has made a series of researches on dogs, and has arrived at the conclusion that a monobromide of camphor may be considered antidotal to strychnia. The physiological antagonism is comparatively limited, and a full dose, from sixty to ninety grains, should be given in small and repeated quantities.—*Dublin Medical Journal*.

### *Pathology of Sunstroke.*

Dr. Rudolph Arndt gives the history of three cases of sunstroke occurring in the persons of three healthy young soldiers after a long and fatiguing march, and follows the account by a review of the pathological changes met with after death.

There are two features standing in strong contrast—the blanching of all the organs, and therewith, the over-distended condition of all their vessels above a certain size with dark-colored, uncoagulated blood. The skin and muscular tissue were bloodless, but their large vessels full to bursting, exuding large drops of blood when wounded. The brain was in the same anæmic state together with its membranes, whilst the large veins and the sinuses were distended with dark, unclotted blood. The same condition obtained in the heart, pericardium, liver, and kidneys, as well as in the mucous membrane of the intestines and bladder. In consequence of their extreme distension, the blood-vessels were much increased in size, and in some places, as beneath the endocardium, the pericardium, and both pleuræ, the overstretching had led to ecchymoses.

The singular bloodless condition of the brain-substance is an appearance contradictory to the generally received opinion that sunstroke is hyperæmia of the brain. This notion must have arisen from imperfect observation, noting the extreme engorgement of the larger vessels, especially of the veins, and confounding the escape of blood from such vessels, and the straining of the tissue thereby, with exudation from the capillary and smallest vessels of the viscus. But the fact is, the capillaries and minute vessels are well-nigh empty, and in cases more fully developed completely so, and their walls collapsed.

The cause of the parenchymatous anæmia is apparent. In all three cases the brain was swollen. It distended the sac of the dura mater; the gyri of the hemispheres were widened, flattened, and pressed together, obliterating the interspaces. In two of the three cases in which the abdominal viscera were examined, the liver and kidney exhibited the same enlargement, from simple swelling of their mass. The liver had acquired a more rounded form than normal, and its borders were thicker. Its transverse diameter seemed most enlarged. It had a doughy feeling, and was readily impressed by the fingers, the marks remaining. Its acini were distinct. The enlarged kidneys allowed of the ready separation of the capsule. The pale cortical substance looked swollen and widened, whereas the medullary substance was injected with blood, the congestion being greater as the pelvis was approached, this last part exhibiting great injection of its vessels with ecchymoses.

The swollen brain was likewise unusually wet; in two cases there was an excess of serum in the ventricles, and in the third, if not actual excess, a considerable proportion. On slicing it a watery fluid escaped, showing its highly œdematous condition. Its membranes, which were in places raised in a bladder-like fashion, were readily separable from the subjacent tissue.

A similar, if not identical, state of œdema existed in the kidneys and liver. In the latter, indeed, a dryness was remarked, but the distinctness of its acini indicated the presence of some interpenetrating matter, which might well seem to be nothing else than the serum of the blood. The greater moisture of ordinary liver-tissue is explicable from the fact of the presence of blood throughout it, whereas in the liver of those dead from sunstroke the hepatic tissue itself is bloodless.

In the several organs the capillaries and smallest bloodvessels were compressed, and the blood forced out of them into the neighboring veins.

The heart was contracted in all the cases; in one the left side was more so than the right. It felt hard, and its naturally bright color was replaced by a dusky-red or grayish-brown. The tissue was dry and fragile, and thin sections of it had a lustrous aspect. The same phenomena were present in the muscles generally.

The dry condition of the heart-substance and of the muscular tissue at large is one contrasting with the œdematous state of the brain-matter; and Arndt, after remarking this fact, and taking with it the dry, though swollen, state of the parenchyma of the liver, and, though in a less degree, the like condition of the cortical substance of the kidney, is inclined to attribute that state to something else than simple œdema, and supposes an overgrowth in size of the constituent elements of the tissues, and an excessive formation of protoplasm over-rich in granules. After further discussion he comes to the conclusion that the essential method of the process—as best illustrated in the heart-tissue and muscles—is inflammatory. Although wanting in the usually recorded characters of encephalitis, he nevertheless considers the lesions met with in the brain to be of the nature of a parenchymatous inflammation, the process being modified by the peculiar circumstances of the attack and by the special nature of the tissue.

The history and phenomena of sunstroke are very fully entered upon by Arndt, as seen in various stages and degrees of the malady. He particularly insists on the very high temperature of the body accompanying it, and on the consequent interference with all the vital functions, particularly with the destructive metamorphosis of tissue, and the elimination of used-up material. He points out that the blood is loaded with excreted material, that it has a black color, does not coagulate, and is rich in carbonate of ammonia. The lungs are congested in their dependent parts, and the bronchial mucous membrane intensely injected and swollen. In the greatly elevated temperature, and the many consequences dependent upon it, Arndt finds an analogy with the most marked septic diseases.—*Brit. and For. Med. Chirurg.-Rev.*

---

***Can Tubercular Matter on the Flesh of Tuberculous Animals Communicate or Excite Tubercular Disease if Taken as Food?***

Prof. Gerlach, of Berlin, has made an elaborate experimental research on this question. The method employed by him was to introduce into the stomach of the animal one or two doses of tubercular matter. The effects, if any, were observed; and if the animal did not die from these, it was killed some weeks or months after the administration of the substance, and a post-mortem examination was made. The weak point of the paper appears to be that no details are given as to the hygienic conditions under which the animals lived while under observation. It is well known that tubercular formations are very common among domestic animals kept in close confinement. So great is the importance of the inquiry, not only from a hygienic point of view, but also as relating to the etiology of tubercle, and its transmissibility in the human race, as to render a repetition of these experiments desirable. The conclusions arrived at by Prof. Gerlach may be summarized as follows:

1. There is a specific virulent material in tubercle, and many of the symptoms of tubercular disease are due to the absorption of this virus.

2. This virus exists in tubercle in all its stages, but apparently in greater intensity in cheesy masses. It is found in recently formed tubercle, and in miliary tubercle.

3. The infection begins first in the mucous membrane of the mouth, and if the tubercular matter be in contact a sufficient length of time with the mucous membrane of the alimentary canal, it may communicate the disease to the whole lymphatic system.

4. While tubercular disease has special characters in different animals, all tubercular matter, when introduced into the alimentary canal from one species to another, is more or less virulent.

5. The tubercular matter of birds, especially that of the common hen, is very virulent, and is identical in its action with that of mammalia.

6. The fibrous tubercle of horses, without a trace of cheesy formation, is just as infectious as the miliary tubercle of cattle.

7. The flesh of tubercular animals is also infectious, though in a much less degree than tubercle itself.

8. Tubercular material cooked for a quarter to half an hour, is still infectious, though in a much less degree than that not cooked.

9. The effects of poisoning by tubercular matter taken into the alimentary canal are irritation of the mucous membrane both of the alimentary and respiratory tracts, enlargement and tenderness of the lymphatic glands, enlargement of the bronchial glands, and the formation of tubercle in the lungs and other organs.

Gerlach used in these experiments sheep, wethers, lambs, swine, sucking pigs, heifers, calves, a horse, rabbits, dogs, guinea-pigs, an ass, goats, and pigeons.—*Edinburgh Medical Journal.*

### *Chloral as an Application in Fissure of the Anus.*

Dr. Crequy, writing to Dr. Dujardin-Beaumetz corroborating the statements made by the latter as to the great value of chloral (diluted to a twentieth) as an application to all kinds of wounds, adds that he has found it also of the greatest utility in two cases of fissure of the anus. The patient having had a stool a few hours before, either spontaneously or by aid of an enema, he introduces between the lips of the fissure a small tent of charpie consisting of about twenty fibres, and first soaked in the solution of chloral diluted to a fiftieth. This is left in until discharged during defecation next day. The first and second dressings are very painful, but afterwards they become less and less so, so that in a fortnight all pain has disappeared, and the fistula has cicatrized.—*Med. Times and Gazette.*

### *Carbolized Catgut Ligature.*

The following is the method of preparing this ligature. The material is really a part of the peritoneum of the sheep, with some fibres of unstriped muscle. This, having been properly cut into lengths and sizes for ligatures, might be simply dried and used, or used fresh, but in either of these conditions it is slippery, hard to tie, and when tied apt to stretch, and the knot to slip. Mr. Lister, anxious to procure a ligature which should melt away and be absorbed without acting as a foreign body in the wound, and looking to the somewhat unsatisfactory experiences of Astley Cooper and others, found that by a special preparation this catgut was so altered as to become a firm and useful ligature. If it is suspended in an emulsion of oil and water, during the first few days it becomes dull and opaque, but then a remarkable change occurs: it becomes clear, bright, and hard, and capable of being tied without stretching and slipping. In order to attain this changed condition it is necessary to keep it suspended in the emulsion for about two months, the bottom of the vessel being so arranged that the water, as it separates from the oil, falls down clear of the suspended catgut. It will be ready in two months, but it goes on improving if kept in the emulsion for a much longer period. In order to make a very fine emulsion, the water was mixed with something which the oil would take from it—say spirits of wine—and the water was thus

left suspended amongst the oil in very minute drops. Mr. Lister wished to have an antiseptic ligature, and he found that carbolic acid had the requisite properties for forming along with water and oil the required fine emulsion. Hence the *carbolyzed* catgut ligature.—*Med. Times & Gazette.*

---

## EDITORIAL.

---

### *Inflammation.* (Second Paper.)

The reader will have noticed, whilst reading the previous paper, that it is possible to re-study some of these old subjects with advantage. I hope he will also have seen the value of analysis in every form of disease, indeed that we can not have a rational practice of medicine without such analysis.

I think it will be admitted that we made a point on the *cause* of inflammation—"The cinder, if present, must be first removed."

I also think it will be conceded, that the irritation of the tissue, which is the first part of the inflammatory process, and upon which all subsequent phenomena depend, should be thought of as a special feature. It is true in practice, as it is logical in theory, that when this irritation is removed, the life of the part not having been too greatly impaired, the inflammation must stop.

It is a fact, that any considerable local irritation will produce a general irritation; that any considerable excitation of the circulation in a part, must produce a general excitation of the circulation; and that these will be followed by wrongs of temperature and secretion.

I hope I have made it plain, that a *frequent* pulse will continue the inflammatory process; that a *high temperature* will continue the inflammatory process; that an *excited innervation* will continue the inflammatory process; that *arrest of secretion* will continue the inflammatory process; that some wrongs of the blood will continue the inflammatory process; and that all of these may be looked upon as special excitants, continuing and increasing the irritation of the part.

If these facts are plain, a right general treatment is pointed out to us. In just so far as we bring the circulation back to the normal standard; in just so far as we get a right temperature; in just so far as we get a right innervation; in just so far as we establish normal secretion; in just so far as we rectify wrongs of the blood, and obtain a normal condition of this fluid, we have employed direct means for the arrest of the inflammatory process. Indeed, there can hardly be anything more certain in the practice of medicine.

I have just completed the treatment of a very severe (extensive) inflammation of the lungs, which under the old random method of thinking and prescribing would have given me a world of trouble, and might have terminated fatally, but in which but two remedies were employed. Aconite was given to rectify the wrong of the circulation, Bryonia to rectify the wrong of the nervous system, and for its influence in removing irritation

of the respiratory apparatus. The expected results followed promptly, and without even a local application the patient was convalescent the eighth day. I say this was a severe case, so severe as to cause great difficulty in aëration of the blood.

You have doubtless had similar results. You have seen a dysentery (colitis) promptly relieved by Aconite and Ipecac. You have seen a phrenitis speedily relieved with Aconite or Veratrum, and Gelseminum. You have seen an erysipelas stopped within twenty-four hours, by the use of Veratrum alone, or Veratrum and Rhus. These are common facts now, so common, indeed, that I would not think it worth while to call attention to them, were it not that we all the time have new readers.

Now it is just as certain that means that give us a right temperature are directly instrumental in relieving the part of irritation. The higher the temperature, the greater the excitation of the part. Thus the employment of baths to the surface at large, and the use of water, fomentations, poultices, etc., to the part, removing heat, are of direct benefit.

An excited nervous system increases and continues the irritation of a part; especially is this true of the sympathetic. In all cases, therefore, means which give relief from this, and normal innervation, are of direct benefit.

So too we find that means which restore secretion, directly influence the inflamed part. Thus, given the establishment of normal excretion, and we can hardly see how it is possible for an inflammation to continue. It is true that this supposes, as it must be preceded by, a right circulation, temperature, and innervation.

I think I made it plain that *impairment of the life of the part* was an essential condition of all inflammations, and that it was necessary to think directly of this. That whilst in some cases the removal of irritation was the chief object, in others the conservation of the life of the part was the first object.

Now let us think again—of the terminations of inflammation. All inflammations terminate in two ways, in resolution or in death. In the termination by resolution, all the phenomena of inflammation pass away, the effusion is absorbed, and the part is left in its normal condition, only weakened. The process of resolution is the reverse of inflammation. The irritation that causes determination of blood subsides, there is better innervation, the capillaries regain strength, and circulation is established where it was stopped. As soon as the blood commences to flow freely through a series of vessels, the effused material is drawn into them and carried away. This re-establishment of the circulation goes on until it is free in all parts, and the process of inflammation is at an end. Thus far it has been composed of irritation, determination of blood, arrest of circulation, effusion.

Now when we come to think of the process, as given above, we will see that resolution will be the termination in all cases where the life of the part has not been too much impaired by the cause, or by the intensity of the process,

Death by suppuration or gangrene results in those cases in which the life has been so much impaired by the cause or the intensity of the pro-

cess, that the part can not remain a portion of a living organism. Whether the termination is by suppuration or gangrene, the part is lost, to be replaced only by fibrous tissue, if there is a repair of the part. Why does an inflammation terminate in suppuration or gangrene? Because its life is impaired? If we do not want the part to die, what treatment will we pursue? Most certainly that which will relieve the part of oppression, and sustain its vitality.

The reader will do well to refer to page 91, and notice the effects of the ordinary methods of treatment on the life of the man, and the life of the part. There is nothing like getting thoroughly awakened to the unpleasant results of the ordinary routine of emetics, cathartics, diaphoretics, diuretics, and counter-irritants, in the large doses usually employed. If these do not favor death rather than life, then I am no judge of the action of remedies.

When we come to think of the terminations of inflammation as we have witnessed them, we will recall the fact that even when the inflammation terminates in suppuration, there is usually but a small portion of the inflamed tissue destroyed. The termination, even here, is in greatest part by resolution, the restoration of capillary circulation commencing from without, and progressing inwards until it meets the opposite process of breaking down.

In any case of inflammation, then, which of these processes will we favor—resolution, or the restoration of the part to life—or suppuration, or the death of the part? You answer at once—resolution; then employ the means that look to the conservation of life, in place of the antiphlogistic means commonly employed.

The inflammatory process is the same, wherever we find it, and the same general plan of treatment should be followed. Indeed, we may say, that a treatment which is good for inflammation of one part, must be good for inflammation of any part. The treatment which is good for an inflammation of a large part, is the treatment that should be employed in a small part. The exception to these general rules is found in the elective affinity of remedies for special parts. If we have such remedies for the affected part, and they will do something that needs be done to relieve the irritation of it, or to conserve its life, then we have a special treatment. But both the special and the general means are of similar kind, and work harmoniously together.

---

### *Inflammation of the Lungs.*

In some sections of country we have been and are having a considerable number of cases of pneumonia, and some physicians are having a large mortality. The disease does not differ materially from what we have seen in other years, except that the pleura is involved in a larger number of cases, and possibly there is a more rapid infiltration of lung tissue.

I have seen some cases which have had the usual routine of cathartics, nauseants, diaphoretics, diuretics, blisters, quinine, and opiates, and the disease was certainly very severe, protracted, and attended with great

suffering, and if the unfortunates recovered, they got up with bodies and lungs so enfeebled that it would require months to recover their strength, if they ever recovered it. Nothing so forcibly illustrates the errors of the old practice as this treatment of pneumonia.

Let us think of it. What is to be gained by a cathartic? I am sure I never have been able to tell. If a patient suffering with pneumonia, has also a diarrhoea, it becomes an unpleasant case; and if a diarrhoea is artificially established by cathartics, my experience is, that it is equally unpleasant. What is to be gained by nauseants? I am sure I never have been able to see the reason. You can not expect the patient to expectorate the exudative material that is deposited in the tissue of the lung, unless, indeed, he also expectorates the lung. You can not certainly expect that an increased circulation of blood to the bronchial tubes, through the same arteries that supply the diseased tissue, will lessen the determination of blood to it. You can not expect that an increased secretion of mucus, which is an obstruction to the respiratory function, and requires an act of coughing, can benefit the impaired lung. The nauseant in pneumonia is an abomination that can possibly do no good, and will in many cases do much harm. No good comes from the administration of diaphoretics and diuretics until the temperature and the frequency of the pulse are first reduced. The law of counter-irritation is, that to be effective, it must be greater in extent and intensity than the original disease, and even then it requires a temperature not above  $101^{\circ}$ , and a pulse that has softness as a feature. Large doses of Quinine can do no good unless there is distinct periodicity, and small doses (one grain) are only useful when the irritation is removed. Opium is always injurious. You may narcotize the brain and prevent its feeling, but just to that extent you impair the life of the patient.

The treatment of an inflammation of the lungs should be very simple. We propose to see that the patient is well nursed; that he has air, light, and good food, and that he and everything about him is kept thoroughly clean. We purpose to see that he has rest, and that the affected lung has rest, in so far as we can obtain it. I say the treatment is simple. It may consist wholly in giving the proper sedative, Aconite or Veratrum, and with but the one remedy we go through the attack without unpleasant symptoms, reaching the culminating point of the disease the fifth or sixth day, and convalescence the seventh to the ninth. If we take the sedative as a basis, and add other remedies as they are indicated, and *only* when indicated, we will do well.

I have treated all my cases this year with two remedies, Aconite and Bryonia, and without any local application. Every case has shown pleuritis as a complication—pleuro-pneumonia. In one case I gave grain doses of Quinine twice a day, to facilitate convalescence; and in one I gave a Seidlitz powder to remove obstructions from the bowels. The action of the remedies was prompt, and I never had more satisfactory results, though in three of the cases a large amount of lung was involved in the disease.

The *small* pulse—Aconite. The *large* pulse—Veratrum. Pleuritic pain, dusky flushing of the face—Bryonia. Sharp stroke of pulse, sharp

pain in the temples, bright flush of left cheek—Rhus. Oppression in the præcordial region, difficult respiration from feebleness of the respiratory muscles—Lobelia. Increased secretion of mucus, tissues full, veins especially full—Podophyllin. Muscular pains and soreness of the walls of the chest—Macrotys. Dark purplish flushing of face, and especially of parts subjected to pressure—Baptisia. Yellow sallowness of face, abdominal uneasiness or pain—Nux. Puffiness of eyelids, œdema anywhere—Apocynum. Violet color of tongue—Nitric Acid.

I might give special indications for other remedies, but it would be but a repetition of what will be found in better form in my *Specific Diagnosis and Specific Medication*. I am satisfied that any one who will carefully diagnose his case, and apply the specific treatment in pneumonia, will have a success that he could not obtain from any other treatment.

A word about local applications. In many cases they are not necessary, one or two thicknesses of soft flannel as a protection answering all purposes. When there is much irritation the mush jacket will be found good, but it should be carefully used, and not allowed to get cold. In other cases, and especially where there is a feeble circulation, the cloth spread with lard, and sprinkled with compound powder of Lobelia and Capsicum is the best local application.

### *Uvedalia.*

I make it a rule to let every man have all the glory he can get out of his studies of disease or the action of remedies, and when a physician shows that he has the energy to make the study of a remedy, I do not like to interfere, even by praise. It would not be difficult, with the advantages of the *Journal*, to appropriate almost anything before the original investigator could get a hearing. So in the case of the *Uvedalia*. We have had a thorough development by Dr. Pruitt, who, living in a malarial region, where glandular enlargements are common, has been able to make a careful and good study.

I am satisfied that the remedy is one of very great value, and that we do not yet know the full sphere of its action, though we have it pointed out to us. I have said "if any one should ask me which remedy acted upon the spleen, I should say *Uvedalia*."

My first experiment with a portion of ointment and tincture sent me by Dr. Pruitt, was in a case of enlarged and dislocated spleen, the mesenteric glands also enlarged, and the patient showing marked marasmus. It was an old case, and the common treatment had been most thoroughly tried. The pulse ran above 100 beats per minute, the skin was relaxed and sodden, the extremities were continuously cold, except during the febrile action (he still had chills and fever, recurring every few days) and his tongue was full, pasty, and his breath offensive. I had the abdomen thoroughly rubbed with the ointment, and gave five drops of the tincture four times a day. A change for the better could be noticed the first week, and the patient was convalescent and able to work at his trade in two months.

The second was a case of uterine disease, of five years' duration, the patient being confined to the bed a considerable portion of the time. The

uterus was treble its usual size, tissues sodden and doughy, ovaries enlarged, abdomen full, menstruation irregular. There had been partial paralysis of the lower extremities. Had the abdomen and perineum thoroughly rubbed with the ointment of Uvedalia, giving the *Macrotys* internally, and the patient made a good recovery. A second patient presenting about the same symptoms, and bedridden for a long time, was so relieved as to get around the house and out doors, by the same treatment, though whether she fully recovered I have not heard.

Some three years since we had a singular swelling of the parotid and submaxillary glands, with the superior deep cervical lymphatics; the external glands were also enlarged in some cases. The enlargement was very persistent, in some cases lasting for over a year, though the common means of treatment were employed. In a couple of these cases, when the enlargement had continued for more than a year, I had it rubbed out by the use of the ointment of Uvedalia.

I could name other cases, a chronic inflammation, with indurrtion of the breast; an enlarged liver, of long standing; three cases of chronic enlargement of lymphatics; and one case of chronic orchitis. Whilst I think its specific action is on the spleen and associate organs, I am confident that it will be found useful in all chronic diseases of the lymphatic system with hypertrophy.

### ***Euphorbia Hypericifolia.***

Among the remedies studied last year, this one, brought to the notice of our readers by Dr. True, is likely to prove very valuable. I have not yet given it much study, but thus far it has given satisfactory results. I have used it in cholera infantum, and it seems to exert nearly the same influence as Ipecac, and am now testing it in gonorrhœa.

I have had letters from others who have employed it in the Summer complaints of children, and they represent it as very prompt and positive in its influence. I should advise the readers of the Journal to turn back to Dr. True's article in the Journal, read it up, and mark the *Euphorbia* as one of the remedies to be ordered in the next bill of drugs.

### ***A Case Illustrating Specific Medication.***

The case of the wife of Mr. Huckins, of Warren, N. H., is a fair illustration of the curative action of small doses of remedies, where large doses have failed. As I did not keep notes of the case, I asked Mr. Huckins to make a brief statement, which I give:

"May 10th, 1869, my wife miscarried, she being at that time between seven and eight months pregnant. Six weeks previous to this she told me the child was dead, it had sank down so, and there was no motion, and there was constant pain in the back. At the time of her confinement she got along well—so said the doctor in attendance—and would be around the house in a few days.

"But instead of that she failed steadily, and had to be lifted on and off the bed for four years. I had employed eight physicians. They treated

her for inflammation, ulceration, displacement of the uterus, and a score of other complaints. I then thought it time to quit, and let nature take its course. I found it was the best treatment I had employed until you came, June 19, 1874. At that time she could walk a very little without help.

"Her appetite was very poor all the time, and what she did eat distressed her. Tongue was fissured and sore. Headache constant. Bowels constipated, swollen, and very tender. Urine scanty and scalding. Vagina swollen and painful, with an acrid discharge excoriating the external parts. Constant pain in the back and loins; and I may as well say she was diseased all over.

"When you came you ordered: Tinct. Phytolacca, ʒi.; Water, ʒiv.; a teaspoonful four times a day. Tinct. Viburnum Opulus, ʒss.; Water, ʒiv.; a teaspoonful every three hours. Warm hip-baths of salt water once a day. She improved quite fast for a while, then ceased. Then you ordered by letter Tinct. Rhus Tox., gtt. v.; Water, ʒiv.; a teaspoonful every three hours. She again improved rapidly for a while, and the improvement ceasing you ordered Graphitis, first dilution, gtt. v.; Water, ʒiv., a teaspoonful four times a day. On this she made a good recovery."

This statement of Mr. Huckins is a very simple statement of one of the worst cases of disease that I have ever seen cured. During his wife's illness, he had had an unpleasant experience with physicians, and concluded to study something of medicine himself; he procured some of my books and subscribed for the Journal, and soon wrote me concerning his wife. I prescribed for her before seeing her, but without success, for I had no special indications to enable me to select the remedies. Finally, in June, 1874, I visited her, when on my way from Boston to Montreal.

I recall the examination, as showing one of the worst cases I had met. The loss of flesh, the debility, the extreme tenderness of the vaginal tissues, the fixed uterus, the extremely unpleasant uterine and vaginal discharges, the swollen abdomen, with evident disease of the mesenteric glands.

I prescribed the remedy Phytolacca, one not named in the list of remedies for disease of the uterine organs. Why? The reason was—"tongue fissured and sore." The reason for the second remedy, Viburnum, was—"constant pain in the back and loins," and an examination by finger was constantly opposed by an involuntary contraction and expulsive effort of the parts.

The second prescription was a single remedy, Rhus. The indication for it was the sense of burning in the vagina and the acrid excoriating discharges, and if I mistake not, some bright flushing of the surface.

The Graphitis was prescribed from my recollection of the dull pallid color, doughy tissues, and especially needed to restore activity to the impaired uterine organs, as the irritation had now passed away.

It seemed to me like a waste of money to call me up in the mountains of New Hampshire, and I hesitated much before consenting to go. Still, as will be seen, the trip was a success, and the one visit accomplished a cure, where everything had failed before. I do not claim any special praise for skill in diagnosis here. Any physician who had thoroughly

studied Specific Medication, and who was willing to be guided by the expressions of disease, could have done just as well. Indeed, cases come to my knowledge every day, where they have done quite as well.

---

*With Reference to Specific Medication.*

Dr. W. T. Parker, of Tennessee, writes a letter enclosing his subscription, which I think will interest the readers of the Journal. Every man should think for himself, and prove everything that is brought to his notice; there is no other way to assure ourselves of truth, or to make the truth available for our uses. The doctor says:

"I have read the Journal the past year with great pleasure, and I believe with some profit. The chief subject of your late investigation has great interest, and there is no doubt that you are on the right track. If you are able to avoid 'derailment,' you are in a fair way to carry us along notably on the highway of progress. I suppose it is too much to ask of a man to give us large draughts of pure wisdom without chunks of folly mixed in, but it is a desideratum. Vide, your teachings as to the functions of the liver and intestines; particularly the statement that neither of these are excretory organs. The public opinion of the profession may be forced up to the acceptance of such doctrines by hard swearing and lying statistics, but it will swing back with a crash. Hahnemann and Samuel Thomson taught nearly the same doctrine. Both have failed to make said doctrine a valuable basis for therapeutics. I once knew a good Homœopathic practitioner who, in the case of robust patients, usually preceded his specific treatment by a good dose of the Compound Jalap and Senna powder. He said, 'it was surprising how much better Homœopathic medicine worked after a brisk purgative.' My own experience coincides with the remark. But you may as well go on with your error. Work it out, as the Spiritualists say, to its 'ultimate.' We who believe in entrails, and their uses, can wait. I have tried the clay injection in two cases of protracted gonorrhœa of about four months' standing with first rate results. I think it will prove generally reliable. The Buckeye is an old remedy for piles, and a good one; but the internal use of the tincture for weak back is new to me. I have often prescribed an ointment of the bark. The cavalry soldiers in time of the war carried Buckeyes in their pockets as prophylactics against piles. I have prescribed bitters of Frazera for caries (after an injury) with good results. I wish to call your attention to Tincture of Digitalis as a general tonic and regulator of the movements of the heart. Its value in nearly all cardiac affections is not generally known, also in œdema and general anasarca. Thirty drops per diem is my usual dose. I have given it for months without any ill effects.

"Allow me to make another suggestion, seeing that it is a free fight, and advice is cheap and plenty. I think we need about this time a new 'Manual of Specific Medicine,' after the manner of the Homœopaths. Part first should be a list of symptoms; or, if it sounds better, of pathological conditions arranged in alphabetical order, with the best known remedy annexed, followed by remedies of secondary character, with ex-

planatory remarks interspersed. Give the basic symptom and its chief antidote in large type, and secondary remedies with remarks, in smaller type. Such a book would help us to kick clear of old nosology. Besides this, old men like myself, can not remember on every occasion, on observing a new sign of a pathological condition, what its direct remedy is.

"Part Second should be arranged by giving the remedy in alphabetical order with the specific condition which points to its use. Your little book is well for a beginning, but you will admit that it is somewhat crude, and proposes some remedies that have very little value, and omits many that crowd for recognition. I am free to acknowledge that I have received very much valuable information from your researches, which I have turned into money, houses and lands, besides making it valuable to suffering humanity."

We do not propose to persuade physicians to give up their old theories with reference to the liver, or their use of liver medicines at once. It takes time, reading, observation, experiment, but the evidence that the old notions with regard to this much abused organ, will become more and more conclusive as the physician opens his eyes to it.

I do not think that Specific Medication can be made easy by any arrangement of matter. What the practitioner wants to learn first, is the principles of Specific Diagnosis, which he will find in my "Specific Diagnosis." A man must get his eyes open, his ears open, and his sense of touch, taste and smell educated as the first step. He must be convinced that he is capable of knowing something for himself, and be determined to know every case of disease that comes into his hands. With this education of the senses, and this determination to know for one's self, there will be little difficulty in Specific Medication.

---

### *Religion and Medicine.*

Some people are continually fostering their religious prejudices, and arraying them against new truths in science and medicine. I have had a number of letters complaining that this journal was irreligious, and that its influence upon the community tended to produce skepticism about "holy things." It is barely possible we may err in this, and that we may be doing the Devil's work, but I honestly believe that in a score of years more we will be considered orthodox.

What I want to say here is—that the Bible does not teach science, and is hardly to be regarded as an accurate history. Its domain is the domain of morals, and in so far as it goes, a sketch of a life hereafter. In this field no one has a greater respect and veneration for it than I have, and I doubt if any scientist of the age is inclined to trespass upon this its true province.

But you must not force me to believe or teach, that the world is but six thousand years old; that it was created in six days; that man was made in a day, by a special act of creation; that Eve was made out of Adam's rib in another day; that they two lived in a garden alone, and by eating an apple so ruined the human family, that the largest number will suffer unending tortures for this. You must not force me to believe that the

earth is a flat plain; that the sun, moon and stars were created for man's benefit alone—to give light by day and by night; that there was a great deluge, and a certain man Noah saved a pair of each of all the beasts of the field and creeping things in an ark. Do not force any man to believe it, for your most orthodox divines do not believe it, and are obliged to elongate the periods of time (days) to accommodate the facts of geology, and to modify other statements to meet the facts of science.

Why do I mention these things here? Simply because many good men fear to investigate, even fear to read the new scientific works of the day, because they conflict with their religion. What an outcry has been raised against Darwin, Huxley, Tyndall, and others. Many who read this doubtless believe that their teachings are atheistic, and lead straight to perdition; yet there are no writers who have a more kindly human spirit, who show goodness and truth in every paragraph, and who if rightly studied, would give men higher conceptions of their Creator, than they have heretofore obtained.

These religious prejudices stand in the way of man's progress in every direction. They dwarf the mind, impair the reasoning faculties, and even pervert the senses. The man who continually regards this world as a "vale of tears," as a "state of probation," as a "tabernacle," as a "pilgrimage of woe," as "a vain and fleeting show," is in a very poor condition to learn anything new, or to utilize anything old.

As the President of Cornell University well remarks: "*In all modern history, interference with science in the supposed interest of religion, no matter how conscientious such interference may have been, has resulted in the direct evils both to religion and to science, and invariably. And, on the other hand, all untrammelled scientific investigation, no matter how dangerous to religion some of its stages may have seemed for the time to be, has invariably resulted in the highest good of religion, and of science.*"

If you are asked to read Darwin, recollect that the Lord receives quite as much glory from one well ordered plan of creation, as by millions of specific creations. If you are asked to read Herbert Spencer, recollect that mental evolution, and growth upwards, is quite as honorable to the Creator, as a *perfect* creation of the first man, and a miserable failure in the first years of his life, and of all men through him. If you are asked to give Tyndall a fair consideration, do not be frightened by his "prayer test," but think of what a queer universe this world would be if every man's prayer was answered.

I will pledge my word, that no man who has a sincere love of truth for truth's sake, will ever lose any of his religion by such reading, though he will surely lose something of prejudice, bigotry, and intolerance.

In conclusion, let me recommend a careful reading of a series of articles by Andrew D. White, LL.D., President of Cornell University, commenced in the February number of the Popular Science Monthly. Every one needs to know how the Church has always been arrayed against science, and has invariably been worsted in the struggle, and forced to change her position.

*Specimen Numbers—a Small and Very Mean Swindle.*

For the past two or three years publishers have been victimized by a class of very mean doctors, who propose by expending a few cents in postal cards to procure a supply of medical literature for the year. Every mail brings us these postal cards asking for specimen numbers, and the same parties re-apply after a few months interval, during which we are expected to forget the previous application.

To provide against this, I have given directions that no specimen number be sent, unless 25 cents is inclosed to pay for it and the postage, except the request for a specimen comes through one of our regular subscribers.

---

*Puncture of the Bladder through the Rectum.*

Last October I was invited to take professional charge of Mr. Ammon, who had suffered for years with irritability of the bladder, impermeable strictures of the urethra, and perineal fistulæ. The scrotum and perineum were literally riddled with fistulous tracks and urinary sinuses, all of which originated in small abscesses that sprang from urinous infiltration and the deposition of urinary salts. The urethra could not be followed more than three inches from the meatus, and flexible permeators carried into the fistulæ could not be made to reach the bladder. The perineum was distorted with cicatrizations that succeeded several unsuccessful attempts on the part of other surgeons to reach the urethra; and as the patient was in the keenest distress on account of a vesical accumulation of urine that could not be voided through any of the many outlets, I resolved to evacuate the bladder through the rectum, and to allow the urine to pass that way until the natural route could be re-established. I took the ordinary long and curved trocar and canula, and after covering the point and shoulder of the instrument with a cap of beeswax, I carried its entering extremity into the rectum, beyond the prostate, and then sent it into the base of the bladder in the median line. As soon as pressure was made upon the instrument the waxen cap, which had shielded the point of the trocar, was perforated and offered no obstacle to the puncturing of the recto-vesical septum. Considerable resistance was offered to the ready passage of the instrument, yet no more than might be expected while transfixing moderately dense structures of that thickness. The aim in introducing the trocar was to go between the vesiculæ seminales, and as no seminal discharge came with the urine, the presumption was that the median line had been perforated. The urine flowed freely through the canula, but was left to find its way into the rectum and to be discharged with the feces after the first day, until such time as an operation to open the urethral canal was deemed advisable.

Mr. Ammon suffered very little after the canula was removed. The urine dribbled into the rectum as fast as it came from the ureters, and that excessive irritability of the bladder which had teased and tormented the unfortunate wretch for years, suddenly and permanently ceased. The false passage became permanent, so that there was no opportunity for urine to seek exit through the neck of the bladder. The perineal fistulæ

have all healed; and it is possible that a channel can be re-established by the old route, yet as long as the patient experiences no discomfort from the use of the anus as a cloacum, he refuses to undergo any kind of a surgical operation. Urine and feces are defecated about threetimes in twenty-four hours; and there is never an uneasy feeling in the bladder. I predict a time when the opening between the bladder and rectum will become obstructed; yet in such an event, may it not be wiser to re-establish the false canal, after this satisfactory experience, than to attempt to open a passage along the course of the tortuous, distorted, and indurated urethra? It is highly probable that a perineal dissection would not discover a vestige of the urethra for some distance along its membranous course.

H.

---

### *Indiana State Eclectic Medical Society.*

The Indiana State Eclectic Medical Society will meet in Crawfordsville, Wednesday, May 10th, 1876, at 10 o'clock A. M. A full attendance of the reform physicians of the State is desired. Distinguished visitors from abroad are expected, and a good time looked for. Convention will remain in session two days. Visitors on arriving will report at the office of Dr. Duncan, where they will receive instructions as to place of meeting, also as to hotel accommodations. Arrangements will be made with some one hotel to keep delegates at a reduced price. We will also try for reduction on railroad fare. Come all, and let us make our Centennial meeting the best one yet.

J. R. DUNCAN, President.

---

### *Ohio Eclectic Medical Association—Appointments for 1876.*

In reply to a Circular, the Twelfth Annual Meeting will be held at Columbus, instead of Urbana, on the third Wednesday and Thursday of May next.

*Public Address*—T. J. Wright, M. D., Cincinnati.

#### COMMITTEES.

*Theory and Practice*—Drs. Henry Parker, M. F. Moorman, Hiram Thomas.

*Surgical Diseases*—Drs. Z. Freeman, W. H. Jones, H. W. Granel.

*Operative Surgery*—Drs. A. J. Howe, I. N. Brown, O. E. Tillson.

*Obstetrics*—Drs. C. Markt, W. H. Jones, T. V. Lyons.

*Ophthalmic and Aural Surgery*—Drs. John King, A. S. Campbell. A. Claypool.

*Gynecology*—Drs. Moses Smith, G. W. Dollison, W. H. Wagstaff.

*Diseases of Women*—Drs. James Anton, J. W. Blasdil, J. Hurst.

*Venereal Diseases*—Drs. D. W. McCarthy, J. L. Kirkpatrick, D. B. Hale.

*New Remedies*—Drs. J. M. Soudder, T. L. A. Greve, T. C. Thorp.

*Diseases of the Respiratory Organs*—Drs. H. L. True, W. Prince, J. McCristie.

*Physiology and Pathology*—Drs. W. J. Crawford, G. W. Fulkerson, J. Hurst.

*Action of Medicines on the Body*—Drs. W. M. Ingalls, J. Ferris, L. C. Vernon.

*Diseases of the Skin*—Drs. D. Williams, E. Welty, H. C. Watkins.

*Diseases of the Rectum*—Drs. E. Freeman, J. C. Butcher, A. V. Cooklin.

*Pharmaceutical Chemistry*—Drs. J. U. Lloyd, W. S. Merrill, D. W. Dollison.

*Special Subjects*—Drs. O. E. Newton, S. H. Adams, L. C. Vernon.

*Arrangements for the Meeting*—Drs. W. Shepherd, J. H. Crethers, G. W. Holmes.

Your Executive Committee urge a general attendance to be at Columbus on Tuesday evening, at 7 o'clock, in order to hold a Preliminary Meeting, renew old and form new acquaintances, and mutually agree upon a Program of Proceedings. We further suggest, in addition to reading such papers as shall be thought best to have read and discussed, that the following questions be submitted for debate: 1. Can medication be made specific? 2. Can the so-called "dilutions and attenuations" of medicines modify or control disease? 3. Ought physicians to learn to manufacture and mainly dispense their own medicines? 4. What measures shall we adopt to secure equal representation with Allopaths in the State Board of Health and State and Municipal Institutions?

Petitions are already in the hands of our Homœopathic brethren generally, and receiving long lists of signatures, to be presented to the General Assembly of Ohio, respectfully demanding equal recognition of all legalized modes of practice in State and Municipal Institutions. Copies of these petitions will be immediately distributed among Eclectic physicians throughout Ohio for the same purpose. The time has come for liberal medicine to assume the aggressive. There remains no doubt that thus united we can control a large majority of the voters of the State. Let us avail ourselves of this opportunity. In the coming meeting each one is equally interested to come prepared to acquit himself manfully—to do justice alike to his interests and that of the good cause he represents. Let it be no tame half way effort, but as full a demonstration of our entire strength as it is possible to make.

S. H. POTTER, M. D., President.

J. T. McLAUGHLIN, M. D., Secretary.

### *Sixty-Third Commencement of the Eclectic Medical Institute.*

The closing exercises of the Eclectic Medical Institute were held in the hall of the College, January 25th. The report of the session showed 116 in attendance, and a graduating class of 32. The following was the order of exercises:

Music—Overture, Kaliwoda; Prayer—Elder W. P. Stratton; Music—Trovatore (Selection), L. Mund; Report of the Session—Prof. John M. Scudder, M. D.; Conferring Degrees—By the President, W. S. Merrell, M. D.; Music—Artist Life (Waltz), Strauss; Valedictory on the Part of the Class—Edwin S. Moore, M. D.; Music—Martha (Selection), Stasny; Address on the Part of the Faculty—Prof. F. J. Locke, M. D.; Music—Grand March, L. Mund.

The following are the names of the graduates :

John Armitage, Ohio.  
 Charles N. Potts, Ohio.  
 Edwin S. Moore, New York.  
 Alfred A. Whipple, New York.  
 David D. Borger, Indiana.  
 Arthur Knight, New York.  
 Alexander M. McCrary, Ohio.  
 John F. McKinney, Ohio.  
 David C. Rowland, Minnesota.  
 Thomas W. Evans, Indiana.  
 Charles M. Morrill, Illinois.  
 David T. Skinner, Indiana.  
 Isaac Sidney Van Ausdal, Ohio.  
 John H. Reynolds, Ohio.  
 William P. Madden, Ohio.  
 Charles H. Doss, Illinois.

Adelbert D. Tilden, Ohio.  
 Charles H. Cunningham, Ohio.  
 Henry Bates, Nebraska.  
 John W. Hefley, Ohio.  
 Cyrus L. Spencer, Pennsylvania.  
 Ira F. Cameron, Iowa.  
 Otto G. Cranston, Ohio.  
 Jacob Bridinger, Ohio.  
 George W. Pilkington, Illinois.  
 Charles T. Moorman, Ohio.  
 John J. Fisher, Indiana.  
 Asa S. Brecount, Ohio.  
 Andrew J. O'Bannon, Kentucky.  
 Thomas J. Stringfield, Nebraska.  
 Leonidas W. Trisler, Ohio.  
 Irvin F. Matlock, Indiana.

---

### *Eriodyction Glutinosum.*

This plant is referred to in the June number of the American Journal of Pharmacy, 1875, page 279. It is stated in the same paragraph that the plant is also known in California as *Mountain Balm*.

The October number of the Eclectic Medical Journal contains a communication from Dr. J. H. Bundy, of Colusa, California, upon a plant known in his neighborhood as *Yerba Santa*. It will be seen by referring to the article under consideration, that he describes the plant, stating the name is from the Spanish language.

Prof. John M. Maisch informs me that *Yerba Santa* is the *Eriodyction Glutinosum*, or *Mountain Balm* of California.

I mention the above to direct the attention of physicians and others to the fact, and suggest that the botanical name (*Eriodyction Glutinosum*) be adhered to. We certainly have too much confusion already in this respect. Let us have the proper name, and let that be universal. L.

---

### *Prunella Vulgans.*

Dr. R. A. Hamilton, sending us a parcel of this herb, writes : "I find it very plentiful in my immediate neighborhood, on medium low lands, and have procured for you a few pounds, which I send to you. As before stated, I have only seen it used for piles; curing the most stubborn and long standing cases I have ever seen, by merely chewing the leaves and swallowing the juice. then applying the remainder to the parts affected. I send you the best I can get here. Some of the tops have been bitten by the cattle; they seem to like it, and will keep it eaten down when it is so they can get to it."

---

DIED, of typhoid pneumonia, at Beemsville, Darke Co., Ohio, DR. C. L. PECK, in the forty-first year of his age.

BOOK NOTICES.

**THE MEDICAL JURISPRUDENCE OF INSANITY.** By J. H. BALFOUR BROWNE, ESQ. Second Edition. Philadelphia, Lindsay & Blakiston; Cincinnati, Robert Clarke & Co. Price \$5.00.

This is a most excellent treatise on the jurisprudence of insanity, and though written by an English barrister, is equally well adapted to this country. It is an advantage to read law instead of medicine, once-in-a-while. There is a method in law that it is good to catch, (if you do not catch it in a lawsuit), as it enables us to do better thinking in our own profession. I am sure that the practitioner could read this work with advantage, even though he would never see, or be interested in a case of insanity.

This volume treats of every phase of insanity, giving probable causes, lesions of structure, growth, duration, and places the whole subject in a legal light, as the law takes cognizance of it. To the physician who may be obliged to give testimony before the courts, the information here given will prove invaluable.

**THE ECLECTIC PRACTICE OF MEDICINE FOR THE USE OF FAMILIES.** By JOHN M. SCUDDER, M. D. Price \$5 00.

The new book is out at last, and we feel sure that it will give satisfaction both in its matter and mechanical execution. We have endeavored to put it in such form, that it will make a handsome volume for the bookshelves, as well as a reliable guide in what every family needs to know of medicine.

**THE FAMILIAR TREATISE ON MEDICINE.**

We still publish this book, and furnish it at \$3 00 retail. It has run through sixteen editions, and given good satisfaction.

**THE ENCYCLOPEDIA OF PURE MATERIA MEDICA.** A Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by TIMOTHY ALLEN, A. M., M. D. Vol. III. Boericke & Tafel, New York; Smith & Parks, Cincinnati.

This volume continues the study of the Materia Medica from "Carlsbad" to "Cubeba," and the work seems to be done in the same thorough manner as the preceding volumes. We may not see the advantages of the multiplicity of "drug symptoms" given, but we can see that the collection and arranging of them has been a work of very great labor. Our Homœopathic friends value these symptoms, and some of them hardly value a remedy unless it shows well up in the hundreds or thousands. There is one thing certain, it will be a long time, if ever, before this work is done again, and those who want the complete Homœopathic Materia Medica should make arrangements with the publishers to take it as it is issued.

H. M. Merrell & Co.—Prices Current of H. M. Merrell & Co. represent reliable medicines, and will be found in this number of the Journal. They would say to physicians that their orders will be filled with pleasure, however small the amounts desired, as many seem of the impression that small orders are unacceptable. Every effort is made to give satisfaction.

**THE PREPARATIONS OF WM. S. MERRELL & CO.** of Cincinnati, have been so long and favorably known, that they are recognized by the medical profession as standard articles. They desire to place them in competition with the products of other manufacturers, on the basis of *quality* alone; although their prices will be found as low as reliable articles can be sold. For the convenience of druggists and physicians, they have established general depots for the sale of their preparations in the following cities, viz: Chicago, with Morrison, Plummer & Co.; Pittsburgh, J. Henderson & Bro.; San Francisco, Crane & Brigham. A full supply of their Resinoids and Alkaloids, Fluid Extracts, Sugar-coated Pills, new remedies and specialties are kept by these houses. Parties ordering from them, or other whole sale druggists, will be careful to specify "Wm. S. Merrell & Co.'s Preparations." See advertisement on second advertising page.

**A Young Man** who has attended one term of lectures wants a situation with an old practitioner where he can work in the office and have some time for study.

Address

E. A. CONTIS, M. D., Dowagiac, Mich.

**A Rare Chance for a Young Physician.**—I want to sell my dwelling with five rooms, two lots, together with my drug Store (drugs in rented building) in a town of 1,200 inhabitants 44 miles west of Terre Haute, on the Vandalia route, only two drug stores in the town, doing a good business. Reason for selling, California fever.

For particulars address

DR. J. W. GOODWIN, Greenup, Ill.

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address

DR. J. S. BARTON,

Vera, Fayette Co., Ill.

#### RECEIPTS FOR JOURNAL TO FEBRUARY 23.

W P Madden 2, J G Rugg 2, P Marsters 2, W L Moore 6, C H Doss 2, T M Bulick 1.50, C M Newell 2, Kate P Belding 3, C W Prindle 2, J W Davis 2, W A Allen 4, W L Griffin 2, Mary A Fox 2, H D Root 1, H W Shirly 2, Mr J T Wall 1, G R Fox 1, J T Bartlett 2.25, F McClanahan 2, J R Klyce 4, Amos Rule 2, M C Bonar 3, R Smith 2, J T Hines 2, H Emeis 2, H C Beall 2, Jno Wonseller 2, D R Leister 2, W S Kemp 2.35, J M Aldrich 2, C G Cochran 2, S R Geiser 2, J R Dunning 2, J P Mitchell 2, J C Kendrick 2, J Everingham 2, J J Young 2, M Hermance 2, L W Mabry 2, W N Cain 2, J A P Kennedy 2, E R Dotson 2, Geo M Dakin 2, B Greenwood 2, E Sloan 2, Jas B Hays 2, W V B Ames 2, Jos M Rawn 2, A T Darrah 2, P S Sage 2, E M Whitson 2, D M Stemmous 2, J Q Moxley 2, S K Williams 2, W Slaughter 4, W P Rice 2, Mrs L A Brooks 2, A J Emeis 2, G B Robinson 4, F M Jackson 2, Mrs E M Wright 2, C W Powers 2, R P Alexander 2, A W Smith 2, Jesse R Jones 1, H Remley 2.50, J. H. Tilden 6, S S Boots 2, Jas P Dice 2, W T Shaw 2, Jas W King 2, W H Ewing 2, R B White 2, H G Gabel 2, Geo H Tobo 2, Joseph Hall 2, J P Painter 2, B Thompson 3, L A Daniels 2, W C Paramore 2, S Rowe 2, J B Tennell 1, E Beard 4, J P Bevington 2, R P Anderson 2, B G Moore 2, M B Eaton 2, G Fordham 2, A Weeks 2, W E Underwood 2, H C Taylor 2, J M Northern 4, S D Daily 2, D M Brown 1, A D Thomas 2, D Pangburn 2, H C McGavren 2, M M Carpenter 2, L O Black 3, J M Everly 2, H Tubbs 2, M F Moorman 2, T J Reid 2, A W Chase 3, C W Morrow 2, Mrs E H Clark 2, W W Shriner 2, J H Westcott 2, L Welte 2, J W Shell 4, Jno A Wright 2, S Smith 3, D B Abbott 2, J Abbott 2, J V D Coon 2, R Sutton 2, J J Sharp 2, H Gieves 2, J M Abbott 2, J M Sweezy 2, T Q Woodmore 2, W S Oder 2, P C Clayberg 2, J Doyle 2, C H Lutes 2, C E Stinson 2, D M King 2, J W Pruitt 2, A C McLaughlin 2, Ira F Bronson 2, Norman Hull 1, Carl Murray 2, N C Woodcox 2, T J Moore 2, H J Halley 2, W B Tucker 2, A R Griffin 2, J W Reynolds 1, J Mayo 2, B P Muchmore 2, G M Ellis 2, E D Rice 2, R Steidman 2, F Cornwall 5, N D Hodgkins 2, W A Farnsworth 2, Jno B James 2, B A Griffith 2, T Doyle 2, L Conner 2, G W Hewitt 4, S L Reefy 2, W H Hobson 2, C C Sharp 2, Geo W Mathes 2, R C Runner 2, J T Ricker 2, H B Brown 4, E W Jenkins 2, A Hildreth 2, E H Carter 2.25, G Bagnall 2, M Smith 4, O S Totman 2, Cyrus Bates 2, W W Shearer 2, H B Smally 2, C Hector 2, A J Bower 2, J H Wilber 2, Thos Teague 2, B F Gehrett 1, C R Bacon 2, W D Wade 2, Jno Cooper 2, E W Smith 2, W E Moyer 4, W A White 1, C S Woodmausee 2, Thos Long 2, W L Moon 4, J H Thompson 2, W H A Young 2, G T Jacoby Jr 2, R B Morton 2, W W Wilcox 2, A J Dispennett 2, J S Sampseall 4, J O Lockwood 1.50, S O Ayers 4, R E Kunse 2, R M Hughes 2, J Young 1, L M Berry 2, Henry Ader 2, J S Rumford 2, J M Maury 2, M Renner 2, Jas Folger 2, R A Clopton 2, J H Henry 2, L Hicklen 2, C D Harmon 2, J M Shaw 2, H P Van Kirk 2, W B Arrington 2, W Brown 2, D W Scott 2, Y D Harrington 2, G A Tracy 2, D Cully 2, J Bridinger 2, R Homsher 2, S R Wilson 2, O G Cranston 2, H C King 2, I Keeling 2, W L Hartley 2, S W Caldwell 2, S F Rodkey 2, A Schreiber 2,

# THE ECLECTIC

## Practice of Medicine

### For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

**Hard Wood Mantels, Doors,**

**Counters, Interior Wood Work,**

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS of BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI:

Send for Catalogue.

WM. S. MERRELL.

GEORGE MERRELL.

WM. DODD.

---

REMOVAL.

---

**WM. S. MERRELL & Co.**  
**Manufacturing Chemists,**  
**PHARMACISTS,**  
—AND—  
**Wholesale Druggists,**

Have removed their office and sales department to the five story stone front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

---

Laboratory and Drug Mills, Corner Eggleston Avenue  
and Sixth Streets,  
**CINCINNATI, O.**

---

The following additions have been recently made to our large line of  
**PHARMACEUTICAL SPECIALTIES.**

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**

**Fluid Extract Yerba Santa.**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

---

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Ethereal Oils; Tincture Gelsemium (entirely from the green root); Compound Syrup Stillingia (in pint bottles); Sulph. Hydrastia. and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**Wm. S. MERRELL & Co.**

No. 5. WEST FIFTH ST.

CINCINNATI.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

# REPRODUCTIVE ORGANS

AND,

## THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Hont soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1874.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

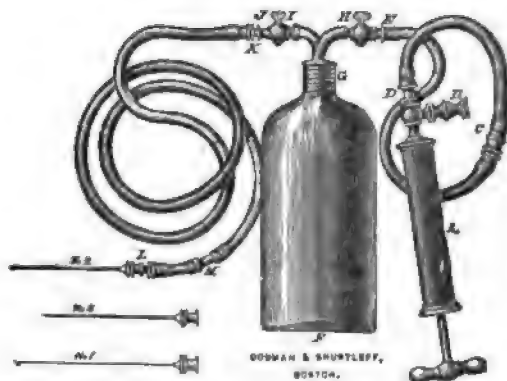


FIG 68.

## DESCRIPTION.

**A**, Brass Air Pump. **B**, **C**, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The Chamber, **C**, is reversed by turning it with the tube end for end. **D**, **E**, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, **H**, as required. **F**, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, **G**, making an air-tight joint by means of rubber packing. **I**, Fluid Cock. **K**, **L**, Metallic Couplings. **M**, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.
2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

### 3. The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

14. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.

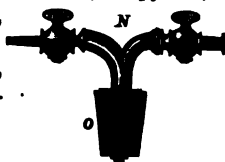


FIG. 69.  
The Stopper and  
Cocks supplied  
with Apparatus  
No. 2.

## PRICES OF APPARATUS.

No. 1. Air Pump—exhaust or condensing as described; 16 oz receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 66, fitted in a neat case, accompanied with printed directions..... 18.00  
No. 2. The same, without receiver and with rubber stopper (see Fig. 66) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16.00  
No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, tubes, etc., in case..... 14.00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 8.00  
For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add..... 1.50  
Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each..... 2.00  
Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above..... 6.50

*The foregoing are the product of our own factory, and are warranted in every respect.*

Dieulafoy on Pneumatic Aspiration, post-paid, on receipt of... 3.00

## CODMAN & SHURTLEFF,

Makers and Importers of Surgical Instruments of every description.

13 and 15 TREMONT STREET, BOSTON.

Send Catalogues of Surgical Instruments on application.

N. B. See our other advertisement in alternate numbers of this Journal.

# H. H. HILL & CO.,

WHOLESALE DEALERS IN

## Drugs, Liquors, Medicines, AND CHEMICALS, BARKS, HERBS, ROOTS, ETC.,

Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.

FRESH VACCINE VIRUS Constantly on Hand.

---

## Hall's Silver-Plated Electrodes,

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

Address

JOHN M. SCUDDER,  
Cincinnati, Ohio.

---

## THE AMERICAN DISPENSTORY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

[Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

# GREEN TINCTURES.

---

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2 00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each. All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

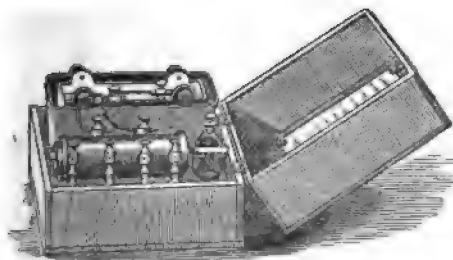
## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**

**N. W COR. COURT AND CUTTER STS.**

**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

**All articles furnished of the best quality, and no pains spared to give entire satisfaction.**

**Prices as low as those of other reliable houses.**

---

**Fractures and Dislocations.**

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*

**SECOND EDITION.**

**Will be sent by mail free of postage, on receipt of the price, \$1.00.**

**Address**

**JOHN M. SCUDDER,**

**228 Court Street, CINCINNATI.**

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homœopathy, Eclecticism, The Physician, The Practice of Medicine, Quackery.

**PART I.—Anatomy and Physiology.**—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessel, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.—Hygiene.**—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquors as a Cause of Disease.

**PART III.—Medicine for Family Use.**—Use of Medicines, Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.—Management of Accidents and Injuries and Surgical Diseases.**—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Piles, Fistula in Ano, Chronic Disease of the Loins, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.—Diseases and their Treatment.**—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Bilious Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid, Vaccination, Chicken Pox, Measles, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhoea, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.—Notes on Nursing.**—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advices, Personal Cleanliness, Observation of the Sick, Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Preternatural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.—Diseases of Women.**—Amenorrhœa, Dysmenorrhœa, Menorrhagia, Leucorrhœa, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anterior Ion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.—Care and Management of Children.** The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opiate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
**CORNER OF COURT AND PLUM STREETS,**  
**CINCINNATI, OHIO,**

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, etc., etc., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND  
**Manufacturing Chemist,**  
**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**  
**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Specialty.**

**DO YOU WANT  
A VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

**THEN BUY**

**King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

**Address**

**JOHN M. SCUDDER,**

**Cincinnati, Ohio.**

---

**ROBERT CLARKE & CO.,  
Publishers, Booksellers, Stationers  
AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,

54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# **B. KEITH & CO.'S**

## **Pure Concentrated Medicines,**

### **CONCENTRATED TINCTURES, Etc.**

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### **CONCENTRATED TINCTURES,**

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

#### **VACCINE VIRUS.**

10 Ivory points, Cow-pox Virus, charged on both sides.....\$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

#### **HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.**

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

---

---

## **SPECIFIC DIAGNOSIS.**

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

**JOHN M. SCUDDER, Cincinnati, Ohio.**

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

## WM. AUTENRIETH,

Formerly 18 years with M. WOCHER,  
SUCCESSOR TO W. Z. REES,

77 West Sixth St.,

bet. Walnut and Vine, CINCINNATI.

Manufacturer of

## Surgical and Orthopaedical INSTRUMENTS,

Abdominal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
Rubber and Syringes, Stomach Pumps,  
Medicinal Bags, Medicine Cases, etc.

STOCKINGS FOR VARICOSE VEINS.

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

## MAX WOCHER & SON,

MANUFACTURER OF

## Surgical, Dental & Orthopaedical INSTRUMENTS.

In calling the attention of physicians to our  
very extensive and most complete assortment  
of instruments, we beg to state that we shall  
continue, with increased facilities, to add to  
our stock any thing new and desirable which is  
recommended by authorities here and abroad,  
to satisfy all demands of the medical profession.

Purses of our goods are kept strictly uniform  
with those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
every respect.

### SPECIALTIES.

Trusses of every description.

Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
and for all other deformities, made to order,  
with all the latest improvements.

Electro-Medical Apparatus of various kinds,  
as physicians' office use.

Also a large variety of the most improved  
Abdominal Supporters, either elastic or with  
steel springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Dr. Dreescher's Electro-Magnetic and Galvanic  
Batteries.

Johnson's Uterine Supporters.

Crisman & Shurtleff's Atomizers.

Jordan & Kidders, Magneto-Electric Machine.

Joy's Improved Splints, which we sell either in  
full sets or by single piece.

On all above goods our price is the same as  
that of the manufacturers.

105 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



## A. JACKSON HOWE, M. D.

OFFICE, N. E. COR. FOURTH & MAIN.  
CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

## JOHN KING, M. D.

## OCULIST AND AURIST

138 Ninth Street, Cincinnati.

Office Hours from 9 A. M. to 2 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

## WM. H. DAVIS, M. D.

Springfield, Illinois,

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

## DR. J. M. SCUDDER,

228 COURT ST.

## EDWIN FREEMAN, M. D.

Office, corner Eighth and John sts.

CINCINNATI.

Special attention given to treatment of fis-  
tulae, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

## PROF. Z. FREEMAN, M. D.

OFFICE, 280 WEST SIXTH STREET  
CINCINNATI.

Special attention given to all kinds o  
chronic and surgical diseases and surgica  
operations.

**SIXTH EDITION JUST ISSUED.**

**SPECIFIC MEDICATION**  
**AND**  
**SPECIFIC MEDICINES.**

**REVISED.**

**WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.**

**AND A**

***Report of Cases Illustrating Specific Medication.***

**BY**

**JOHN M. SCUDDER, M. D.,**

**PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.**

**SIXTH ENLARGED EDITION.**

---

**CINCINNATI:  
WILSTACH, BALDWIN & CO., PRINTERS.  
1873.**

**LITTLE BUT GOOD.**

**WARRANTED NOT TO RUN OFF AT THE BOWELS.**

**SENT BY MAIL FOR \$2.50.**

# Physicians' Head Quarters.



H. M. MERRELL.

ABNER THORP.

T. C. THORP.

## H. M. MERRELL & CO. Manufacturing Chemists and Pharmacutists, CORNER COURT AND PLUM STREETS, CINCINNATI, O.

WE would again return our thanks to the Profession for their liberal patronage during the past. We present ourselves with the following inducements for a continued patronage.

We make and sell only pure Drugs, guaranteeing all we offer, and upon this platform stake our reputation.

We were one of the first houses in the country to introduce and prepare those valuable remedies peculiar to the Reformed Practice, and for twenty years have been identified as manufacturers.

We do the largest Physicians trade of any house in the Western Country, and by custom, extent and familiarity of business are best able to respond to every Physician's want.

We deal in nothing that is not reliable, and in our Fluid Extracts, Concentrated Tinctures and Specific Medicines; offer Preparations that are unequalled in purity, strength and reliability.

In addition to our manufactures we keep a complete assortment of all things wanted by Physicians of all schools, including *Foreign and Indigenous*

*Medicines, Shop Furniture, Glassware, Instruments, &c., all guaranteed to be of the most reliable quality.*

**Our Terms are Cash.** The money can be sent with orders, or will send goods by express, to be paid for at the express office on delivery of goods. Our preparations are indorsed by

JOHN M. SCUDDER, M. D.

Z. FREEMAN, M. D.

JOHN KING, M. D.

L. E. JONES, M. D.

### MEDICAL BOOKS.

We will supply any book ordered. We quote a few connected with the Eclectic School.

American Eclectic Dispensatory, by John King.....	20
Symes' Surgery, by R. S. Newton.....	6
Physio Medical Surgery, by Wm. H. Cook.....	10
American Eclectic Practice of Medicine, 2 vols., by I. G. Jones and Sherwood.....	10
Eclectic Practice, (Diseases of Children) by Newton and Powell.....	4
Lectures on Theory and Practice, by Alva Curtis.....	3
American Practice, abridged or family Physician, by W. Beach, revised edition.....	6
American Eclectic Obstetrics, by John King.....	3
Women and their Diseases, by John King.....	3
Diseases of Women, by John M. Scudder.....	3
Materia Medica, by John Keat.....	3
Handbook of Medical Practice, by W. H. Cook.....	1
Compend of American Practice, by S. H. Potter.....	1
King's Chronic Diseases.....	1
Principles of Medicine, by J. M. Scudder.....	1
Pronouncing Medical Lexicon, by C. H. Cleveland, in cloth.....	1
Eclectic Practice of Medicine, by J. M. Scudder, M. D.....	1
Hill's Eclectic Surgery, revised.....	1
Diseases of Children, by John M. Scudder.....	1
Young Stethoscopist, by Bowditch.....	1

### Physicians' Pocket Medicine Cases.

No. 1 Turkey Morocco, containing 12 three drachm and 24 one dr. vials.....	3
No. 2 do do 18 do 12 do .....	2
No. 3 do do 20 do vials .....	2
No. 4 do do 22 two do do .....	2
No. 5 do do single row 12 three do do .....	2
No. 6 do do containing 8 four do and 12 two dr. vials.....	2
No. 7 do do 24 two do .....	2
No. 8 do do box case 20 two do do .....	2
No. 9 do do containing 6 one oz. glass stoppered vials.....	2
No. 10 do do 16 two dr. vials .....	2
No. 11 do do portmonnaie style 16 14 drachm vials.....	2

### Physicians' Saddle Bags.

No. 1 Contains 10 three oz. and 18 one ounce vials, with slides.....	1
No. 2 do 8 do 14 do do do .....	1
No. 3 do 10 do 18 do do folding with flap for instruments and 12 three drachm vials.....	1
No. 4 do 42 one ounce vials.....	1
No. 5 do 10 three ounce and and 12 1 1/2 ounce vials.....	1
No. 6 do 20 two ounce, glass stoppered bottles, with drawers and compartments in top for sundries.....	1
No. 7 do 16 glass stoppered bottles, with drawers, and compartments in top for sundries .....	1
No. 8 Buggy Case contains 10 three ounce and 18 one ounce and 12 three dr. vials, with flap for instruments .....	1
No. 9 do do 6 two ounce glass stoppered bottles and 9 one oz. and 12 three drachm vials.....	1

N. B.—A sheet containing about 100 labels for marking small vials, accompany each case.

# Price List

-OF-

## H. M. MERRELL & CO.

### Concentrated Powders.

Per oz.

Ailanthine.....from Tag Alder.....	\$1 00
Ampelopsine.....American Ivy.....	1 25
Apocynin.....Dogbane.....	1 70
Asclepidin.....Pleurisy Root.....	1 80
Baptisin.....Wild Indigo.....	1 35
Caulophylline.....Blue Cohosh.....	90
Cerasine.....Choke Cherry.....	1 40
Chelonin.....Balmoney.....	1 75
Chamaephyllin.....Pipsissewa.....	1 75
Colocythin.....Colocyth.....	3 00
Cnicifugin }.....Black Cohosh.....	75
Macrotin }.....Dogwood.....	70
Coralline.....Turkey Pen.....	3 00
Corydalin.....Ladies' Slipper.....	1 75
Cypripidine.....Foxglove.....	1 75
Dioscorein.....Wild Yam.....	1 75
Eryngine.....Corn Snakeroot.....	1 00
Econymine.....Wahoo.....	1 75
Eupatorine.....Boneset.....	1 00
Eupatoidin.....Eupator. Agertoides.....	1 25
Eupurpurin.....Queen of Meadow.....	1 70
Geraniine.....Yellow Jessamine.....	2 75
Glabrine.....Cranesbill.....	1 00
Fraserine.....Am. Columbo.....	1 25
Gilicine.....Am. Ipecac.....	1 25
Hamamelin.....Unicorn Root.....	2 50
Hellebrin.....Mur.....	2 60
Hydrastin.....Sulph.....	3 50
Holostatin.....Principles Combined.....	1 80
Hamuline.....Henbane.....	1 50
Gymeyamine.....Blue Flag.....	1 00
Leon.....Jalap.....	3 50
Lygadin.....Butternut.....	90
Lobeline.....Lobelia.....	2 40
Opuntarin.....Culver Root.....	70
Opopernin.....Yel. Parilla.....	1 75
Opuntin.....Bayberry.....	1 00
Opodaccin.....Garget or Foke.....	1 25
Opuntin.....Aspen Poplar.....	1 20
Opuntin.....Wild Cherry.....	90
Opobyllin.....Mandrake.....	70
Opuntin.....Wafer Ash.....	1 60
Opuntin.....Sumach.....	1 00
Opuntin.....Yellow Dock.....	1 25
Opuntin.....Bloodroot (alkaloid).....	1 40
Opuntin.....do. (combined).....	1 25
Opuntin.....Nitrate.....	2 00
Opuntin.....Sulcat.....	1 75

Senecine.....Liferoot.....	1 60
Stillingine.....Stillingia.....	2 25
Trillin.....Birthroot.....	1 25
Veratrine.....Amer. Hollebone.....	2 25
Verbenine.....Blue Vervine.....	1 25
Viburnine.....High Cranberry.....	2 00
Xanthoxylin.....Prickly Ash.....	1 50

Put up in ounce bottles, 12 ounce boxes and 1 pound bottles.

### OILS.

Per oz.

Oil Lobelia.....	\$0 75
" Stillingia.....	80
" Xanthoxylum.....	60
" Capsicum.....	75
" Ergot.....	50
" Piper Nigr.....	25
" Erigeron Can.....	30
" Erechites Hier.....	70
" Male Fern.....	75

### OLEO RESINS.

Asclepidin.....	\$0 50
Apocynin.....	50
Aletrin.....	50
Eupurpurin.....	50
Iridin.....	50
Liatrin.....	50
Rhusin.....	50
Ptelein.....	50
Xanthoxylin.....	50

The above form is a most excellent and reliable mode of use; but should always be triturated with Lactin or sugar or made into pill with soluble extract. In this manner they become more efficient, and require less for a dose.

### Alcoholic and Common Extracts.

Our Extracts are Alcoholic and Common, they are made after the most approved processes, and up to the full standard in every particular.

They are put up in 1 pound jars, but will be sent in whatever amount desired.

### EXTRACT OF

Alcoholic Com.

	Alcoholic	Com.
Absinthium.....Wormwood.....	\$4 00	\$3 50
Achillea Mil.....Yarrow.....	2 75	2 00
Aconitum.....Aconite.....	4 00	3 00
Ambrosia Elat.....Ragweed.....	2 75	1 25
Anthemie Nobilis.....Chamomile.....	4 00	2 00
Apocynum.....Bitter Root.....	3 75	2 00
Arnica Rac.....Spikenard.....	3 50	1 50
Arnica.....Arnica Flowers.....		

## EXTRACT OF

Alcoholic, Com.

Asclepias Tub.	Pleurisy Root	3 75	1 75
Baptisia	Wild Indigo	3 75	1 50
Belladonna	Nightshade	5 00	3 00
Cannabis Indica	Ind. Hemp	1 75	1 00
Cassia Mar.	American Senna	3 00	2 00
Caulophyllum	Blue Cohosh	2 75	1 50
Celastrus Scand.	F. Bittersweet	2 25	1 75
Chelone Glabra	Balmoney	2 75	2 00
Chimaphylla	Pipsissewa	4 00	1 50
Cimicifuga	Black Cohosh	2 75	1 00
Cinchona Rub.	Red Bark	5 00	
Coccyth Comp.	U. S. P.	8 00	
do	do	4 50	
Columba	East India Col.	3 00	
Conium Mac.	Chute	5 75	2 00
Convolv. Pand.	Manroot	3 00	
Cornus Florida	Dogwood	3 75	1 25
Corydalis	Turkey Pen	4 00	
Cubeba		6 00	
Cypripedium	Lady's Slipper	4 00	2 50
Digitalis	Fox Glove	3 75	2 00
Dioscorea	Wild Yam	2 50	2 50
Dulcamara	Bittersweet	3 75	2 25
Erigeron Canad.	Flenbane	1 50	
Eryngium Am.	Corn Snake Root	2 50	1 50
Eucalyptus	Wahoo	4 00	2 50
Eupatorium Perf.	Boneset	2 75	1 25
Eupat. Perf.	Queen Meadow	3 75	2 25
Felix Mas.	Male Fern	2 00	
Gentiana Lutea	Gentian	2 25	1 25
Geranium Mac.	Cranesbill	3 00	1 50
Gossypium	Cotton Root	6 75	
Helleborus	Ulcifer Root	6 00	
Hemulus	Hops	6 00	2 50
Hydrastis Can.	Golden Seal	4 00	2 00
Hyoscyamus	Henbane	5 00	2 00
Iris Versicolor	Blue Flag	3 75	1 75
Jalap.	Jalap	10 00	5 75
Juglans Lin.	Butternut	3 00	1 50
Krameria	Rhatany	4 00	2 00
Lactuca Elong.	Wild Lettuce	3 75	1 25
Lactuca Sativa	Garden Lettuce	2 75	1 25
Lapa Major	Murdock Root	3 50	2 00
Leonurus	Motherwort	3 00	2 00
Leptandra	Culver Root	4 00	2 00
Lobelia inflat.	Lobelia	4 00	2 00
Marrubium	Roarhound	3 00	1 50
Menispermum	Yel. Parilla	3 50	
Melchella Repens	Partie Berry	4 00	2 00
Nux Vomica	per oz.	00	
Oxalis Ascl.	Wood Sorrel	3 50	2 00
Pareira Brava	per oz.	00	75
Phytolacca	Garget Root	3 00	
Phytolacca	Garget Berries	1 50	1 50
Plantago Maj.	Plantain	3 00	1 25
Podophyllum	Mandrake	2 75	1 25
Polygonum Punet.	Smart Weed	2 75	2 50
Ptelea	Water Ash	4 00	2 50
Quassia	Quassia Wood	6 00	
Quercus Alba	White Oak	3 00	1 50
Quercus Tinctora	Red Oak	3 00	1 50
Rheum	Rhubarb	3 00	
Rhus Glab.	Sumach, bark Root	3 00	1 75
Rubus Villos.	Blackberry Root	3 50	2 00
Rubus Crisp.	Yellow Dock	3 00	1 50
Rangunaria	Bloodroot	4 00	1 50
Sarsaparilla Hon.	Sarsaparilla	5 00	3 00
Sarsaparilla Comp.	do	4 00	
Sabine	Sabine Leaves	3 75	
Scutellaria	Scuticap.	3 75	
Senecio	Life Root	3 25	
Seslingia	Queen's Root	4 00	
Taraxacum	Dandelion	2 25	1 20
Tobacco	per oz.	50	
Trifolium	Red Clover	3 00	1 50
Trillium	Bethroot	5 00	2 75
Uva Ursi	Barberry Leaves	4 00	1 75
Valerian	Eng. Valerian	5 00	3 00
Veratrum Viride	Am. Hel'be	5 00	2 50
Verbascum	Mullein	1 25	
Verbena	Vervain	1 50	
Verenia	Iron Weed	1 50	
Xanthorylium	Prickly Ash	2 75	1 25

FLUID EXTRACTS,  
OR  
CONCENTRATED TINCTURE

We would respectfully call the attention of the profession to our change in prices of Fluid Extracts and Concentrated Tinctures, a great effort since the introduction of such tinctures has been to elevate the standard of fluid extracts to that of Concentrated Tinctures. We offer them now at the same price, and retain the name of Concentrated Tinctures as an accommodation to those who have been long accustomed to the name of Concentrated Tinctures. The preparations are now made, and we are assured that they are the best of the class now offered to the practitioner.

The great want of reliable preparations led us to particular care in the manufacture of this class of medicines. The assurance that we are daily coming to us unasked is our encouragement for the course we have hitherto pursued in their manufacture.

They are made from recent and carefully selected crude material, and represent only to the fluid ounce. The dose of each article be found on the respective bottle.

Per Fl.

Aconite Leaves		
do Root		
Achillea	Yarrow	
Agrimonia		
Ampelopsis	Am. Ivy	
Anthem. ....	Chamomile	
Apocynum		
Aralia Rac.	Spikenard	
Arnica		
Asclepias Tuberosa		
do Incarnata		
Baptisia	Wild Indigo	
Belladonna		
Barosma	Buchu	
do Comp.		
Cassia	Java Coffee	
Cannabis Indica		
Cannabis Sativa		
Caulophyllum		
Capsicum	Al. Cayenne	
Conium Mac.		
Celastrus, bark of root		
Cimicifuga or Macrotis		
Cinchona, pale		
do true red		
do Comp.		
Chenopodium	Wormseed	
Chelone Glab.	Balmoney	
Chimaphylla		
Colecleum root		
do seed		
Collinsonia	Stoneroot	
Cornus Florida		
Corydalis	Turkey Pen	
Cubeba		
Cypripedium		
Columba	Foreign	
do Am.		
Digitalis	Fox glove	
Dioscorea	Wild Yam	
Dulcamara	True Bittersweet	
Ergot		
Erigeron Can.	Flenbane	
Epigaea Hep.	Gravel plant	
Econymus	Wahoo	
Eupatorium Perf.	Boneset	
Eupatorium Purpur.		
Felix Mas.	Male Fern	
Gelsemium		
Gentian Lut.		
do Comp. U. S. P.		
Geranium Mac.		
Gossypium	Cotton Root	

Gellenia	Amer. Ipecac.	1	40
Gellularius Nig.		1	80
Gelutaria	Star Root.	2	80
Gemulus	Poppy	3	40
Gesnerium		2	40
Gilchristia	Golden Seal.	1	50
Gilchristia		1	50
Gilia	Elecampane	1	25
Gilia versicolor	Blue Flag	1	40
Gimnema		5	00
Ginseng	Ginseng root	1	40
Glycyrrhiza	Butterb.	1	30
Glabra	Laurel	1	40
Glyceria	Rutiny	1	75
Glechoma	Lettuce	1	25
Gnaphalium	Motherwort	1	50
Gnaphalium	Culver	1	50
Gnaphalium	Button Snake-root	1	40
Gnaphalium	Yel Pop.	1	25
Gnaphalium	Herb	1	50
Gnaphalium	do Seed	3	00
Gnaphalium	Hugle	1	50
Gnaphalium	Hoarhound	1	25
Gnaphalium		2	25
Gnaphalium	Bayberry	1	50
Gnaphalium	Repens	1	50
Gnaphalium	Catnip	1	00
Gnaphalium	Sax. Vicia	1	50
Gnaphalium		1	40
Gnaphalium	Pandit	1	25
Gnaphalium		2	25
Gnaphalium	Garget	1	40
Gnaphalium	Brava	1	30
Gnaphalium	Wild Cherry	1	25
Gnaphalium	Ash	1	50
Gnaphalium	Rhubarb	1	50
Gnaphalium	Aronia	1	50
Gnaphalium	Yellow Dock	1	40
Gnaphalium	Comp	1	40
Gnaphalium	Blackberry	1	25
Gnaphalium	Wood Root	1	40
Gnaphalium	Sabine Leaves	1	25
Gnaphalium	R. N.	1	75
Gnaphalium	Comp	1	75
Gnaphalium	Sculp	1	40
Gnaphalium	Life root	1	40
Gnaphalium		1	30
Gnaphalium	Alex	1	40
Gnaphalium	and Sulph	2	75
Gnaphalium	Lev. ormsced.	1	75
Gnaphalium		3	00
Gnaphalium	Pink root	1	75
Gnaphalium	Comp	1	50
Gnaphalium		2	00
Gnaphalium	Comp	1	75
Gnaphalium	Squills	1	40
Gnaphalium	for Hive Syrup	1	75
Gnaphalium	skunk Cabbage	1	50
Gnaphalium	Dandelion	1	40
Gnaphalium	Hirth root	1	50
Gnaphalium		1	25
Gnaphalium	English	1	30
Gnaphalium	Viride	1	50
Gnaphalium	Vervain	1	50
Gnaphalium	Iron ced.	1	50
Gnaphalium	Prickly Ash	1	75
Gnaphalium	Jam	1	75

	PER OZ.	PER GAL.
Alterative Syrup.....	\$8 00	\$3 75
Pulmonary Syrup.....	3 60	4 00
Scrofulous Syrup.....	8 00	4 00
Syrup Helianthus.....	8 00	4 00
Syrup Michella Rep. Comp.....	8 00	4 00
Simple Syrup Silligina, pt. bot. per doz.	\$12 00	
do do	per gallon	6 00

The Simple Syrup *Stillingia* is one of the best and safest articles for all bronchial and throat affections.

Comp. Syrup Stillingia, pt. hot. per doz. \$9 00  
do do per gallon, 4 00

We also make an article, the strength of the formula of the Eclectic Dispensatory, which we sell at \$3 50 per gallon, or \$8 00 per doz. pint bottles.

	PER LB.	PER GAL.
Syrup Iodide Iron.....	\$0 90	
" " Squills.....	50	\$4 00
" " comp.....	75	5 00
" " Ipecacuanha.....	75	5 00
" " Rhubarb, arom.....	75	5 00
" " Senega.....	75	5 00
Concen. Neat. Cordial, per gal.....		\$4 00
" " per doz. pt. bot.....		8 00

We use the best brandy and select Rhubarb, and make of full strength. It is the best regulator of the bowels of any article known to the profession.

As a common emetic it is to be preferred to all others. For formula and use, see Eclectic Dispensatory.

Restorative Wine Bitters, per bot.	.....	\$1 00
do do	per doz.	8 00
do do	per gal.	4 00

Made after Beach's formula with good Malaga or Burgundy wine.

Compound Gin Bitters, per bot.....	\$1 00
do do per doz.....	7 00
do do per gal.....	4 00

Made after Beach's formula for old Dr. Bone's Bitters, and is four times the strength directed by the original receipt.

Dr. Thorp's Balsam of Life

It is now some fifteen years since Dr. Thorp first introduced this preparation to the profession, since which time it has been used by a large number of our best physicians for the cure of pulmonary affections; and from the great reputation it has gained, we confidently recommend it as one of the best remedies known for all cases of stubborn cough, where there is little or no expectoration; also for Asthma, Croup, Whooping-Cough, Bronchitis, and as a general expectorant. It is composed of Comp. Tinct. Myrrh, Aniso, Sanguinaria, Lobelia, Sassafras, Squilla, Peppermint, Balm Gilead, etc. Price per doz. \$7.00, per gallon \$6.00.

### Merrell's Blackberry Anodyne.

The formula for this celebrated article, got up by H. M. MERRELL, was given to the profession some six years ago, and many physicians after full trial, give it their unqualified approval. We invite the attention of the pro-

### Concentrated Medicinal Syrups.

Our syrups are strictly official, of uniform strength, made of the best material, and by displacement apparatus. We also guarantee all class of preparations, and we warrant them to give satisfaction.

Medicinal Syrups may be improvised by following the directions given for our concentrated Tinctures and Fluid Extracts.

session to it, as an efficient remedy for Diarrhoea, Cholera Infantum, Cholera Morbus, and other affections of the bowels and stomach, which require an astringent, warming, and sedative medicine. It is neatly put up in 4 oz. vials. Price retail, 25c, per doz. \$2.00, per gal. \$6.00

### Dr. THORP'S FEVER & AGUE TONIC

This is a new preparation that we offer to the profession after thoroughly testing it, and finding it to be the best article we have ever tried for the cure of all forms of Ague and Fever and for Night Sweats. It is entirely free from Arsenic, and all mineral poisons, being composed of Gelsemium, Macrotys, Sudorifics and tonics. Put up in four ounce bottles at \$7.00 per dozen, or in bulk at \$1.75 per pound bottle. We feel satisfied that one trial will satisfy every one of the great value of this preparation.

### TINCTURES.

	Per lb.
Anti-spasmodic Tincture.....	\$0 75
Comp. Tonic Mixture.....	2 50
Well's Anodyne Drops.....	1 50
Elixir Vitriol.....	1 00
Renovator (Adolphus).....	3 00
Sudorific Tinct.....	1 75
Spirits Lavender, Comp.....	75
King's Expectorant.....	75
Tincture Myrrh, No. 6.....	75
" Mur. of Iron.....	50
" Opium (Laudnum).....	1 75
" O. Camp. (paregor).....	75
" Aconite Leaves.....	60
" Belladonna.....	60
" Lobelia.....	75
" Sanguinaria.....	60
" Macrotys saturated.....	60
" Arnica Flowers.....	60
" Lobelia Acet.....	60
" Sanguinaria Acet.....	60
" Veratrum Viride.....	1 00
" Phytolacca green Root.....	1 25
" Bryonia..... per oz 40	
" Pulsatilla.....	35
" Yellow Jessamine.....	75
" Aloe.....	65
" " et Myrrh.....	75
" Assafoetida.....	65
" Benzoin Comp.....	75
" Bala.....	60
" Camphor.....	75
" " Comp (Rhumatic tinct).....	1 25
" Cannabis Ind.....	80
" Cantharides.....	75
" Capsicum.....	65
" Cardamom.....	65
" " Comp.....	75
" Caulophyllum.....	60
" Catechu.....	60
" Cinchona.....	75
" " Comp.....	80
" Cinnamon.....	60
" Colchicum Seed.....	60
" " Comp.....	60
" Conium Mac.....	60

Tincture Oastor.....	
" Ammon.....	
" Cubebs.....	
" Columba.....	
" Corydalis.....	
" Comp.....	
" Digitalis.....	
" Ergot.....	
" Eucyonius.....	
" Gentian Comp.....	
" Galls.....	
" Guaiac.....	
" " Ammoniated.....	
" Helonias.....	
" Helictores.....	
" Hops.....	
" Hydrastis.....	
" Hyoscyamus.....	
" Iodine.....	
" Inula.....	
" Iris Ver.....	
" Kalnia Lat.....	
" Kino.....	
" Krameria.....	
" Lobelia Comp.....	
" " et Capsicum Comp.....	
" Lapath.....	
" Matico.....	
" Myrrh.....	
" Orange Peel.....	
" Podophyllum.....	
" Quassia.....	
" Rhubarb.....	
" Scutellaria.....	
" Skunk Cabbage.....	
" Serpentaria.....	
" " Comp.....	
" Senna.....	
" Stillingia.....	
" stramonium For.....	
" Tolu.....	
" Valerian.....	
" " Ammoniated.....	
" Xanthoxylum (berries).....	

### Ointments and Plasters.

	per lb.	
Ophthalmic Balsam.....	\$2 50	Mayer's Oint.....
Mild Zinc Oint.....	1 50	Fire Extractor.....
Pile Oint.....	2 00	Disinfecting Oint.....
Stramonium Oint.....	60	Yellow Dock.....
Rittersweet Oint.....	1 10	Indigo Oint.....
Citrine Ointment.....		
Mercurial Ointment, 1/2 merc.....		
" " per lb.....		
" " per lb.....		
Aconite Plasters.....	1 00	Arnica Pls.....
Belladonna Plaster.....	1 50	Cantharides Pl.....
Black Salve in 1/2 lb. tin boxes.....		
" " 1/2 rolls.....		
Strengthening Plaster.....		
Plaster, Arnica, spread, large per doz.....		
" " small.....		
" Burgundy Pitch.....		
" " small.....		
" Poor Man's.....		
" " small.....		
" Belladonna.....		
" " small.....		
" " large.....		
" Porous, Mitchell's.....		
" Surgeon's adhesive.....		
" " 10 ft. x in. w/2 pr. roll.....		
" " 2 1/2 ft. x in. w/2 pr. roll.....		
" Adhesive or Seal Cloth.....		
" Isinglass.....		

All other Ointments prepared at the shop notice, and at the lowest rates

## Caustic.

Sesqui Carbonate of Potash, in two	
oz. bottles, per doz	\$2 00
Sesqui Carbonate of Potash per lb.	1 00

## Compound Powders.

	Per lb.
Powder of Jalap Comp. Beach's Anti-	
Rhizoma Powder	\$1 50
Powder of Ipecac and Opium Comp.	
Diaphoretic Powder	2 25
Powder of Lobelia Comp. Emetic powder,	1 50

Powder of Rhubarb Comp. Neutral-	
izing Powder	1 50
Powder of Bayberry Comp. Compa-	
sition Powder	40
Powder of Asclepias Comp. Mor-	
row's Sweating Powder	40
Powder of Tamarac Comp. Mixture	
for Bone's or Oin Bitters	60
Powder of Populus Comp. Thomp-	
son's Spice Bitters	50
Powder of Comfrey Comp. Mixture	
for Restorative Wine Bitters	50
Powder of Dear's Horn, calcined-	
Buckhorn Styptic	1 00

## BOTANIC MEDICINES.

The following list of articles in various forms, with their prices, will enable the purchaser to make out his order, so that he may come very near the amount of Cash necessary to send. The Indigenous roots, herbs, barks, etc., are sold by us crude, packed, crushed, ground, powdered and pulverized. We put up some of the pulverized articles in bottles for which we make an extra charge. We also pack them in papers of 1 lb.,  $\frac{1}{2}$  lb.,  $\frac{1}{4}$  lb., adding the customary price for packing Herbs, when wanted in quantities of several pounds in bulk will be charged lower than the quoted prices, and in smaller papers than  $\frac{1}{4}$  lb, the extra price of cutting will be added. We warrant all our herbs as fresh and as neatly put up as those of any other house.

N. B.—Crshd. signifies crushed or coarsely broken up. Grd., ground without sifting, suitable for Decocting or Infusion. Pulv., an impalpable or dusted powder. Pkd., packed or pressed in 1  $\frac{1}{2}$  lb. & 2 lb. package; when no such designation is added, the article is understood to be in its crude or natural state.

	Per lb.		
Acacia—Pure Gum Arabic	pulv. \$1 25	Apocynum And.—Bitter root	pulv. 50
Achillea Millefol.—Yarrow	pkd. 25	" Canab.—Black In. Hemp—crshd.	40
Aconitum Nap.—Aconite Leaves Eng.	40	" " pulv.	50
" " root	40	Aralia Hispid.—Dwarf Elder—crshd.	40
Acorus Calamus—Sweet Flag	25	" Nudicaul s.—wt. Sarsaparilla crshd.	30
" " peeled	35	" Racemosa—Spikeard	crshd. 25
Aconitum Albu & Rubra—Wh't & Rd. Cohosh	30	Aralia Spicosa—prickly Elder	brk. rt. 50
" " pulv.	35	Aris Serpentina—Virg. Snake root	50
Aconitum Ped.—Maidenhair	pkd. 30	" " in lb. bot.	pulv. 70
Achillea Agrimony	30	Aralia Mont.—Arctic Flowers	pkd. 30
Aconitum Pul.—Gartie—bulbs	50	Artemisia Abreton—Southernwood	pkd. 30
Achillea Officinal.—Marsh Mallow—chk	30	" Alysanth.—Wormwood	35
" " scraped root	40	Artemis Santonica—Levant Wormseed	50
" " pulv.	60	" " " " " " " " " " " "	powd. 60
Aconitum Rosen.—Hollyhock—flowers	30	Artemisia Vulgaris—Mugwort	pkd. 30
Aconitum Capen.—Cape Aloe	pulv. 50	Arun Triphyllum—Indian Turnp.	40
Aconitum Scrota.—Scrota Aloe	1 00	" " in bottles	pulv. 50
Aconitum Scrota.—Red or Tag Alder	pkd. 30	Aspid. Felix Mas.—Male Fern	root 40
Achillea Elatior.—Ragweed	20	Aspid. Petrusel.—Parsley	root 50
Achillea Quilic.—Ave leaf Ivy—crshd.	25	Asarum Can.—W. Ginger, C. Snake root	30
Achillea Persica.—Peach Leaves	pkd. 25	" " pulv.	40
" " Cort.—Peach Pitts—crshd.	25	Asclepias Incarnata—W. Ind. Hemp crshd	30
" " Sem.—Peach Pitts	50	" " " " " " " " " " " "	pulv. 40
Achillea Cretula.—May Weed	pkd. 25	" Syrica Silkweed	crshd. 30
Achillea Noli.—Chamomile Flowers	60	" Tuberosa—Pleurisy root	crshd. 40
Achillea Archan.—Archangel	40	" " pulv.	40
Atropurpurea—Am. Angelica	50	Aster Pauciflor.—Cocash	45
		Asparagus Off.—Asparagus—root	30

Belladonna Ea...dead Nightshade...	pkd	40	Galium, Aparine...Cleavers.....	pkd	40
" In bottles.....	pkd	60	Gambogia...Gum Gamboge.....	pkd	40
Borago Off...Borago.....	pkd	60	Gaultheria Froe...Spicy Wintergreen.....	pkd	40
Baptisia Tinctura...Wild Indigo.....	crshd	35	Gentiana Lutea...Gentian root.....	grd	40
".....	pkd	50	" " Castorbel...Samp...Snake root.....	pkd	40
Beberis Vul...Barberry bark root.....	pkd	40	" " Ochroleuca...Am. Gentian.....	grd	40
Betula Lenta...Sweet Hircb.....	crshd	35	Geranium Alga...Cranesbill.....	grd	40
Calendula Off...Marigold Flowers.....	pkd	40	".....	pkd	40
Cantharides...Spanish Flies.....	powd	25	Gemma Hivale...Avans root.....	pkd	40
Capiscum Afric...Af. Cayenne.....	powd	35	Gillenia Sulp...Ind. phys. Am. Ipecac.....	pkd	40
Carbo Ligni prep...prepared charcoal.....	pkd	25	Gelsemium Semp...Y. Jessamine.....	pkd	40
Carophyllus...Cloves.....	pkd	50	Glechoma...Ground Ivy.....	pkd	40
".....	pkd	50	Gnaphalium...Life Everlasting.....	pkd	40
Carthamus Tinc...American Saffron.....	pkd	25	Gossypium...Cotton...bark of root.....	pkd	40
Cardus Benedictus...Blessed Thistle.....	pkd	40	Hamamelis...leaves...Witch Hazel.....	pkd	40
Cassia Mariland. Ac. See Senna.....	pkd	40	".....	pkd	40
Caulophyllum Th...Blue Cohosh.....	crshd	30	Heracleum Lanat...Masterwort.....	pkd	40
".....	pkd	30	".....	pkd	40
Celastrus Scandens...False Bittersweet	pkd	30	Hellanthemum Can...Rockrose.....	pkd	40
bark of root.....	pkd	30	Helleborus Pulegioid...Pennyroyal.....	pkd	40
Ceanothus Am...Jersey Tea...bark root.....	pkd	30	Helonius Dioica...Unicorn or Star root.....	pkd	40
Chelidonium Majus...garden cel.....	pkd	30	".....	pkd	40
Chelone Glabra...Balmoney Herb.....	pkd	35	Hepatica Amer...Liverwort.....	pkd	40
".....	pkd	45	Himnulus Lupulus...Hops.....	pkd	40
Chenopodium Anth...Wormseed.....	pkd	20	Hydrangea...Abores...Seven Bark.....	crd	40
".....	pkd	20	Hydrastis Can...Golden seal.....	grd	40
Chimaphylla...Princess Pine...Pipsissa.....	pkd	35	".....	pkd	40
Chinchona Pallida...Loxa bark.....	pkd	15	Hyoscyamus Niger...Henbane.....	pkd	40
" Rubra...True Red Bark.....	pkd	15	".....	pkd	40
" Cudisaya...Cudisaya Barks.....	pkd	15	Hypericum Perf...Johnswort.....	pkd	40
The above are Powdered from Genuine Barks.			Hyssopus Off...Hyssop.....	pkd	40
Chionochloa Carthage...com. Yel. Bark.....	pkd	40	Ictodora Fendita...Skunk Cabbage.....	pkd	40
Chionochloa...Stoneroot or Oxbalm.....	crshd	30	".....	pkd	40
Columba, Coc. Pal...Columbo.....	crshd	30	Impatiens Pallida...Jewel Weed or Wild	pkd	40
Columba, Coc. Pal...Columbo.....	pkd	40	Celandine.....	pkd	40
Composita Asp...Sweet Fern.....	pkd	25	Iaula Holenium...Elecampane.....	pkd	40
Conium Mac...Poison Henlock.....	pkd	40	".....	pkd	40
Convolvulus...Large Solomon Seal.....	pkd	30	Ipecacuanha...Brazil Ipecac, pure.....	pkd	40
Corallaria...Man in Earth.....	pkd	25	Ipomoea Jalapa...Jalap.....	pkd	40
Cornus Florida...Dogwood.....	grd	30	Iris Versicolor...Blue flag.....	crshd	40
".....	pkd	30	".....	pkd	40
Cornus Sericea...Swamp Dogwood.....	pkd	30	Jeffersonia Dyphylla...Twinsleaf.....	pkd	40
Coptis Trifolia...Gold Thread.....	pkd	15	".....	pkd	40
Coriandrum...Coriander seed.....	pkd	25	Juglans Cinerea...Butternut...bark root.....	pkd	40
".....	pkd	45	Juniperus Sabina...Savin leaves.....	pkd	40
Corydalis Formosa...Turkey Pea.....	pkd	40	".....	pkd	40
".....	pkd	40	".....	pkd	40
Cochlearia Off...Horseradish.....	pkd	35	Kalmia Latifolia...Broadleaf Laurel.....	pkd	40
Cubeba Becca...Cubeb berries.....	pkd	60	Lactuca Longifolia...Wild Lettuce.....	pkd	40
Cuc. Colocynthis...Col. Apple.....	pkd	15	".....	pkd	40
" pure pulp without seeds.....	pkd	15	Lappa Major...Burdock root.....	pkd	40
Cunilla Mariland...Dittany.....	pkd	40	".....	pkd	40
Cynoglossum...Hound's Tongue.....	pkd	30	Laurus Benzoin...Spice Bush.....	pkd	40
Cypripedium...Ladies' Slipper.....	pkd	40	".....	pkd	40
".....	pkd	40	".....	pkd	40
Delphinium Consol...Larkspur.....	pkd	15	".....	pkd	40
Digitalis Purpurea...Foxglove.....	pkd	40	".....	pkd	40
".....	pkd	40	".....	pkd	40
Dioscorea Vil...Wild Yam.....	pkd	25	".....	pkd	40
Diosma Crenata...Ruchu...leaves.....	pkd	40	".....	pkd	40
Diospyrus Vir...Persimmon...bark.....	pkd	30	".....	pkd	40
Droca Palustris...Leatherwood bark.....	pkd	30	".....	pkd	40

	per lb.		per lb.
<i>Mattha Piperita</i> ...Peppermint Herb.....	pkd 25	<i>Sambucus Can</i> ...blackberry Elder.....	barks 25
" <i>Viridis</i> ...Spear-mint.....	pulv 40	" flowers.....	40
<i>Martha Punc</i> ...Horsemint.....	pkd 30	<i>Sanguinaria Cap</i> ...Blood Root.....	crshd 20
<i>Asclepias Co</i> ...Fittroot.....	pkd 7 00	" pulv.....	30
<i>Alnus Gale</i> ...Sweet Gale.....	pkd 35	<i>Scilla Maritima</i> ...White Squilla.....	25
<i>Berba Cistifera</i> ...Bayberry.....	bark root 20	" in bottles.....	pulv 60
" pulv.....	25	<i>Scrophularia Mar</i> ...carp. square.....	root 25
<i>Verb Tere</i> ...Gum Myrrh, Turkey.....	75	" leaves.....	pkd 30
" in bots. pulv.....	1 00	<i>Scutellaria Laterifol</i> ...Skullcap.....	pkd 40
<i>Asplen Cataria</i> ...Catnep.....	25	" pulv.....	60
<i>Amor Advena</i> ...Yel. Pond Lily.....	25	<i>Senna Alex</i> leaves...Alexandria Senna.....	30
" pulv.....	35	" in bottles.....	pulv 40
<i>Amadis Olor</i> ...large White Pond Lily.....	20	<i>Senna Amer. or Cassia Marylandica</i> .....	leaf 18
" powd.....	30	" pulv.....	25
<i>Origanum Basilicum</i> ...Sweet Basil.....	pkd 40	<i>Senecio Aureus</i> ...Ragwort.....	pkd 30
<i>Origanum Majoran</i> ...Sweet Maj.....	pkd 50	<i>Senecio Gracilis</i> ...Liferoot.....	pkd 30
<i>Rumex</i> ...Sweet Cloily.....	root 50	<i>Silphium Perf</i> ...Indian Cupweed.....	root 30
<i>Rumex Spent</i> ...Buckhorn Brake.....	30	<i>Sinapis Niger</i> ...Black Mustard.....	grd. 25
<i>Rumex Acetocella</i> ...Wood Sorrel.....	pkd 40	<i>Sinapis</i> ...Mustard...Table.....	powder 50
<i>Rumex Quinquifol</i> ...Ginseng.....	60	<i>Sinilax Sarsaparilla</i> ...Hond. Sara.....	grd 65
<i>Rumex Off</i> ...Peony.....	60	<i>Solidago Olera</i> ...Goldenrod.....	pkd 35
<i>Rumex</i> ...Peyer-few.....	pkd 40	<i>Spigelia Maritima</i> ...Pinkroot.....	pulv 60
<i>Rumex</i> ...Duc...Garget or Poke.....	grd. 20	<i>Spiraea Toment</i> ...Hardhack.....	leaves 25
" pulv.....	30	<i>Statice Limonium</i> ...Marsh Rosemary.....	rt 40
" <i>Racca</i> ...Dried Berries.....	25	<i>Stillingia Sylvatica</i> ...Queen root.....	crsh 60
<i>Rhus Can. Bark</i> ...Hemlock Tree.....	25	" pulv.....	60
" Can leaves.....	30	<i>Stramonium</i> ...Jimson Weed.....	pkd. 20
" <i>Pendula</i> ...Tamarac.....	powd 30	<i>Stramonium Sem</i> ...Jimson Weed.....	pkd. 25
" <i>Strobilus</i> ...White Pine.....	inner bark 25	<i>Soap Root</i> .....	60
<i>Rumex Major</i> ...Com. Plantain.....	pkd 25	<i>Symphitum Off</i> ...Comfrey.....	crshd 30
" <i>Virg</i> ...Mouse Ear Plantain.....	pkd 40	<i>Tanacetum Vulg</i> ...Double Tansy.....	pkd. 30
<i>Rumex Cordata</i> ...Water Plantain.....	50	<i>Taraxacum</i> ...Dandelion Root.....	40
<i>Rumexinum Rept</i> ...Greek Valerian.....	rt 30	" herb.....	pkd. 25
" powd.....	40	<i>Tephrosia Virg</i> ...Devil's Shoestrings.....	30
<i>Rubus peltat</i> ...Mandrake.....	grd 16	<i>Thymus Vulg</i> ...Thyme.....	pkd. 50
" pulv.....	25	<i>Tilia Amer. Flor</i> ...Linn or Basw'd.....	flws 75
<i>Rubra Senega</i> ...Seneca Snake Root.....	1 40	<i>Triosteum Vulg</i> ...Fever Root.....	crshd. 30
" pulv.....	1 60	<i>Trillium</i> ...Beth or Birth Root.....	30
<i>Rumex Punct</i> ...Smart Wood.....	pkd 25	" pulv.....	40
<i>Rumex Junip</i> ...Hair Cap Moss.....	pk 60	<i>Tussilago Farfara</i> ...Coltsfoot.....	leaves pk 30
<i>Rubus Tremuloid</i> ...Quak. Aspen.....	15	<i>Urtica Fulva</i> ...Slippery Elm.....	Select bk. 50
" powd.....	25	" grd.....	20
<i>Rubus Balsamon</i> ...Balm Gilead.....	buds. 1 00	" pulv.....	25
<i>Rubra Canan</i> ...Fire Finger.....	pkd 25	" select pulv.....	30
<i>Rumex Verticillatus</i> ...B. Alder bark.....	pk 30	<i>Urtica Dioclea</i> ...Nettle.....	root 30
" berries.....	30	<i>Uva Ursi</i> ...Bearberry.....	leaves 25
<i>Rumex Virginian</i> ...Wild B. Cherry.....	bk. 20	" pulv.....	35
" gr 20; pulv.....	25	<i>Urnaria Perfol</i> ...Belwort.....	root 50
<i>Rumex Trifolia</i> ...Wafer Ash.....	bark root 50	<i>Valeriana Off</i> ...Eng. Val.....	in bots. pulv 60
" powd.....	60	<i>Valeriana</i> ...Eng.....	crushed 60
<i>Rumex Atropurp</i> ...Rock Brake.....	pkd 30	<i>Veratrum Viride</i> ...Am. Hellebore.....	root 40
<i>Rumex Malac</i> ...Sweet Apple Tree.....	bark 30	" pulv.....	55
<i>Rumex Alba</i> ...White Oak.....	grd. 15	<i>Verbascum Thapsus</i> ...Mullein.....	pkd 25
<i>Rumex Clara</i> ...Sumach.....	bark root 25	<i>Verbena Hastata</i> ...Vervain leaves or rt.....	20
" leaves.....	pkd. 20	<i>Veronica</i> ...Iron Weed.....	crshd 25
" berries.....	25	<i>Viburnum Opulus</i> ...High Cranberry or	
<i>Rumex Frig</i> leaves...red raspberry.....	pkd 30	" Cramp bark.....	pkd 40
<i>Rumex Villous</i> ...Blackberry.....	crsh 20	<i>Viburnum Prunifol</i> ...Black Haw.....	bark 30
" bark of root.....	30	<i>Xanthoxylum Frax</i> ...P. Ash.....	grd. 30
<i>Rumex Crispus</i> ...Yellow Dock.....	crshd. 25	" pulv.....	40
<i>Rumex Graveolens</i> ...Rus.....	pkd. 50	" berries.....	60
<i>Rumex Angularis</i> ...Am. Cent.....	pkd 50	<i>Xanthoxylum Clav</i> ...South P. Ash.....	bark 50
<i>Rumex Off</i> ...Sage.....	pkd. 40	" powd.....	60
" pulv.....	50	<i>Xanthorizza Apifol</i> ...Yellow root.....	30
<i>Rumex Solara</i> ...Clarry.....	pkd 30	<i>Zingiber</i> ...East India...Ginger, puro East	
" bark.....	25	" India.....	powd 25
<i>Rumex Nig</i> ...Black Willow.....	aments. 1 00	<i>Zingiber Jam</i> ...Jamaica Ginger.....	White 40
<i>Rumex Off</i> ...Nospwort.....	pkd 40	" pulv.....	60
		" African...pure Afric.....	pulv 2

# FOREIGN DRUGS AND CHEMICALS.

For the accommodation of many of our customers, we keep a full assortment of Foreign Medicines and Chemicals. The following list of prices, subject to the fluctuation of the market, will be found advantageous, by enabling the purchaser to make a proper selection.

Acid Acetic No. 8.....	per lb.	30
Pyroigneous.....		20
Benzole.....	per oz.	40
Citric.....	per lb	1 40
Tartaric.....		80
Arsenious, pure.....	per oz.	10
Gallie.....		25
Hydrocyanic U. S.....		25
Hypophosphorus.....		40
Lactic, Concent.....		1 25
Muriatic.....	per lb.	20
do C. P.....		40
Nitric, 41°.....		35
do C. P.....		60
Nitrate Muriatic, C. P.....		60
Oxalic.....		50
Phosphoric Glacial.....	per oz.	25
Dilute.....	per lb.	60
Pyrogallie.....	per oz.	1 00
Sulphuric.....	per lb.	20
do C. P.....		70
Agaric.....		1 00
Alum.....		10
Ammonia Aqua, strong.....		18
Spirits Aromatic.....		60
Carbonate.....		20
Muriate.....		20
Valerianate.....	per oz.	1 25
do Elixir.....	per lb.	1 25
Ammon Bromide.....	per oz.	15
Iodide.....		60
Antimony Tartrate, pure.....	per lb.	1 40
Wine of.....		1 00
Arrow Root, Bermuda.....		65
Jamaica.....		40
Arsenic.....	powd	15
Fowler's Solution.....		35
Donovan's.....		50
Bismuth Sub Carb.....	per oz.	35
Ammon. Cit. Sol.....	per lb.	70
Blue Mass.....		1 00
Balsam Copaiva, pure.....		1 20
Pur.....		75
Tolu.....		1 75
Peril.....	per oz.	50
Beberine Sulph.....		2 75
Bismuth Subnitrate.....		25
Blistering Tissue, Brown's.....	per ea	2 00
Borax, refined.....	per lb.	30
Burgundy Pitch.....		25
Boxes Pill, nested paper.....		30
wood.....		30
1/2 oz. Tin.....	per doz.	20
1 oz.....		25
Camphor.....	per lb.	30
Calomet.....		1 00
Iridio, sublimed in 1 lb bots.....		1 80
Cantharides.....		2 25
pulv.....		2 50
Capsules, Copalva, No 1.....	per doz.	50
No 2.....		1 60
Cassia, (Cinnamon).....	per lb.	50
powdered.....		60
buds.....		1 20
Caster, Russia.....	per oz.	60
Chalk, common.....	per lb.	10
prepared.....		20
precipitated.....		40
Caster in the sack.....	per oz.	75
Chloroform, bottle extra, Chem. pure.....		1 40
Chino-line.....	per oz.	15
Chincona Sulph.....		50
Chloral Hydrat.....		30

Colloidal.....	per lb.	1
bottles.....	per doz.	8
Conoculus Indicus.....	per lb.	
Copperas.....		
Copper sulphate.....		
Corrosive Sublimat.....		
Cewage Bowa.....	per oz.	
Cream Tartar.....	per lb.	
Cresote.....	per oz.	
Corks, Vial, taper, No. 2.....	per gross.	
"    "    "    3.....		
"    "    "    4.....		
"    "    "    5.....		
"    "    "    6.....		
"    "    "    assorted, 1 to 6.....		
Pint bottle.....		
Quart.....		
Court Plaster.....	per doz.	
Eleterium.....	per doz.	
Elixir of Opium, McJannet's.....	per doz.	
Epsom Salt.....	per lb.	
Ether Acetic.....		
Nitrous (Spirits nit dulces).....		
Sulphuric.....		
Concentrated.....		
Empty Capsules, No. 2.....	per box.	
No. 1.....		
Ess. Jans Oinger.....	per doz.	
Fumigating Pastilles, Box.....		
Lamps.....	each.	
Farina.....	per lb.	
Galls, Blue, 50 do, pulv.....		
Glu. Genuine Holland.....	per gal 3 ea to	
Gumlac, resin.....	per lb.	
Wood, ground.....		
Gelat'ne, select white.....		
do red.....		
Cox's.....	per doz.	
Glue Com.....	per lb.	
White.....		
Gold Chloride, 15 gr. vials.....	per bot.	
And Soda Chloride, 30 gr.....		
Gualac Res.....	pulv. per lb.	
Glycerine, pure, incolorous.....	per lb.	
No. 1.....	per gal.	
Gum Arabic, White, selected.....	per lb.	
No. 2.....		
Guthum, selected.....		
Ammoniac.....		
Asafoetida.....		
powdered, pure.....		
Benzoin.....		
Tragacanth, common.....		
select white.....		
Resin Hemlock.....		
Hydrarg Cum Creta.....		
Harlem Oil, genuine.....	per doz.	
Hypophosphite Potassa.....	per oz.	
Ammon.....		
Iron.....		
Lime.....		
Quinia.....		
Soda.....		
Manganese.....		
Iodine, resublimed.....	per oz.	
Iron by Hydrogen.....		
Carbonate, precipitate.....	per lb.	
Proto Carbonate, Vallet's mass.....		
Citrate soluble.....	per oz.	
Ferro Cyanide, pure.....	per lb.	
1 ounce vials.....	per oz.	
Hydrated Per Oxide.....	per lb.	
Sulphate, pure.....		
Stychnia Citrate.....	per oz.	
Solution, pernit.....	per lb.	
Phosphate.....		
Pyrophosphate.....	per oz.	
Quinia Citrate.....		
Persulph. (Monsel's).....		

# PRICE LIST OF H. M. MERRELL & Co.

Tartrate, Soluble.....	per oz.	50	Oil Rose.....	dr 1 00 to 2 50	
Hyposulphite.....	per oz.	40	Sassa.....	per lb.	25
Acetate.....	per lb.	80	Spice.....	per lb.	50
Styptic Iodide.....	per lb.	80	Tar.....	distilled	do 85
Iodide.....	per oz.	65	Tobacco.....	per oz.	2 50
Lactate.....	do	35	Wormwood.....	do	40
Per Nit Solution.....	per lb.	60	Ointment, Mercurial, half Mer.....	per lb.	1 40
Per Chloride do.....	do	75	Ointment, Mercurial, third Mer.....	per lb.	1 20
Smash Exts do.....	do	30	all others of U. S. Dispens.....		
Tannate.....	per oz.	50	Opium, per ounce.....		70
Valerianate.....	do 1 25		puly. pure.....		90
Weland Moss.....	per lb.	20	Elixir, McDermott.....	per doz.	4 00
Wool Moss.....	do	20	Orange peel, ground.....	per lb.	30
Woolglass, Cooper's.....	per lb.	50	Orris root.....	do	25
Am.....	do 2 50		Pepsin, Haughton's.....	dry per oz.	90
Rusala.....	per oz.	50	do.....	Liquid	do 90
Sugar of pure.....	per lb.	1 75	Pomegranate Peel.....	per lb.	75
Spirits root, select.....	per lb.	1 40	Potassa, Lignor, U. S.....	do	40
Extract, Sicily.....	puly.	40	Arsenite, Fowler's Sol.....	do	35
Calabria.....	do	30	Ultrate.....	do 1 50	
puly.....	do	60	Sulphite.....	do	75
Extract by the box.....	do	18	Bisulph.....	do 1 50	
Nitrate Cryst.....	per lb.	50	Piperine.....	per oz.	1 25
Pub. Act. Solution.....	do	50	Plaster, adhesive, spread.....	per yd.	40
Tannate.....	per oz.	50	all the official kinds in roll,		
Urea Carb. precip.....	per lb.	30	or spread on skin.....		
Chlorine.....	do	20	Ising glass, roll.....		84
Phosphate.....	do	60	Potash, Caustic, white.....	per doz.	1 70
Sulphite.....	do	30	Acetate.....	do	70
Sulphur.....	per gal.	35	Carbonate, Salts, Tart.....	do	35
Sulphurum.....	per lb.	50	Bicarbonate, Crystals.....	do	60
Quassia Carbonate.....	do	60	Nitrate, Saltpetre, ref. pure.....	do	30
Calcined.....	do 1 25		Chlorate.....	do	50
Insulunda.....	per doz.	3 80	Sulphate, puly.....	do	25
Mercury, Oxide.....	proto per oz.	80	Potash Chlor, Chem pure.....	per lb.	1 00
do Deuto.....	do	8	Potass. Bromide.....	per lb.	35
Am. Chlor.....(whit. precip.).....	per lb.	90	Iodide.....	oz.	35
Small flake.....	do	1 50	Permanganate.....	do	30
Serpia Acetate, Muriate & Sulph.....	dr.	35	Powders, Seidlitz.....	per doz.	3 00
Serpia.....	per lb.	40	Soda.....	do	2 50
Sergamot.....	per oz.	50	Quassia, Rinsed.....	per lb.	15
Serrat.....	per lb.	80	Quinine, Su. powers, Weightman's.....	oz.	4 00
Serrat.....	per oz.	20	Valerianate.....	drachm.	1 40
Serrat.....	per lb.	35	Red Precipitate.....	per lb.	2 00
Serrat.....	per lb.	35	Rhubarb root, India.....	do	1 40
Serrat.....	per lb.	35	puly. pure.....	do	1 00
Serrat.....	per lb.	35	Rhubarb, Turkey.....	do	6 00
Serrat.....	per lb.	35	Rochelle Salts.....	do	50
Serrat.....	per lb.	35	Salicine.....	per oz.	60
Serrat.....	per lb.	35	Santonine.....	do	90
Serrat.....	per lb.	35	Scammon Virgin.....	do	25
Serrat.....	per lb.	35	Seed, Anise.....	per lb.	40
Serrat.....	per lb.	35	Caraway.....	do	40
Serrat.....	per lb.	35	Fennel.....	do	40
Serrat.....	per lb.	35	Fennugreek.....	do	40
Serrat.....	per lb.	35	puly.....	do	30
Serrat.....	per lb.	35	Carlamon.....	do	3 00
Serrat.....	per lb.	35	Coriander.....	do	30
Serrat.....	per lb.	35	Silver, Nitrate, Crystals.....	per oz.	1 80
Serrat.....	per lb.	35	Lunar Caustic, pure.....	do	1 10
Serrat.....	per lb.	35	Silver Nitrate, No. 1 (67 per c. silv.).....	do	1 00
Serrat.....	per lb.	35	Soap, Castile.....	per lb.	2 5
Serrat.....	per lb.	35	Soda, Carbonate, sal. soda.....	per doz.	3 50
Serrat.....	per lb.	35	Chlor. Sol. Labarques.....	do	70
Serrat.....	per lb.	35	Soda Bicarb.....	do	60
Serrat.....	per lb.	35	Sulphite.....	do	60
Serrat.....	per lb.	35	Hyposulphite.....	do	20
Serrat.....	per lb.	35	Sulphate.....	do	60
Serrat.....	per lb.	35	Phosphate.....	do	60
Serrat.....	per lb.	35	Bisulphite.....	do	2 00
Serrat.....	per lb.	35	Spermaceut.....	do	75
Serrat.....	per lb.	35	Sponges, all kinds.....	do 1 00 to 4 00	
Serrat.....	per lb.	35	Stychnia, Crystals.....	do	50
Serrat.....	per lb.	35	Sugar Milk, puly.....	per lb.	85
Serrat.....	per lb.	35	Sulphur, Roll.....	do	10
Serrat.....	per lb.	35	Sublimed.....	do	15
Serrat.....	per lb.	35	Vivum.....	do	50
Serrat.....	per lb.	35	Precipitated.....	do	50
Serrat.....	per lb.	35	Syrup Hypophosphites.....	per lb.	75
Serrat.....	per lb.	35	Phosphates, Com.....	do	75
Serrat.....	per lb.	35	Taploca.....	do	25
Serrat.....	per lb.	35	Tannin.....	per oz.	30
Serrat.....	per lb.	35	Vaccine Virus Scales.....	do	1 00
Serrat.....	per lb.	35	Wax, White.....	per lb.	25
Serrat.....	per lb.	35	Bay or Myrtle.....	do	60
Serrat.....	per lb.	35	Wine, Malaga.....	per gal.	2 0



## EACH

Mortars, Glass, half pint.....	75
do do 4 ounce.....	50
do Iron, turned, 1/2 gal.....	1 75
do do do 1 gal.....	2 50
Moms, Apothecaries', 6 in.....	1 25
do do 8 in.....	1 50
do do standard.....	6 50
do do do mov. pans.....	7 00
Netulas, 3 to 12 inches, per inch.....	8
do Machines, brass, 24 pills.....	8 00
do do do 18 pills.....	8 00
do Files, plain and graduated.....	50 to 1 25
do Screws, pocket.....	25
do Ligament Vite handles.....	50
do Pressers.....	75
do Oculoscopes, Wood.....	75
do Rubber.....	1 25
do do extra.....	1 50
do Sclerals, Blood's, 4 blade.....	10 00
do do 3 do.....	10 00
do Rectum.....	5 00
do do With rings.....	5 00
do Glass, silvered.....	1 00
do Masters, silver; female.....	Each 1 25
do do male.....	3 00

## SURGICAL INSTRUMENTS.

## AMPUTATING AND TREPHINING.

do Mahogany Case.....	\$32 00
do Tapered Instruments.....	
do Amputating.....	
do Mahogany Case.....	25 00
do Tapered Instruments.....	
do Capital Knife.....	4 00
do Short Knife.....	8 00
do Forceps, Liston's.....	3 50
do Forceps, Liston's.....	4 50
do Circular Saw.....	2 00

## TREPHINING.

do Mahogany Case.....	16 00
do Trephine.....	3 50
do Trephine.....	1 00
do Saw.....	1 75
do Saw.....	1 00

## EYE INSTRUMENTS.

do with 9 Instruments, Ivory Handles.....	14 00
do Needle.....	1 50
do Strabismus Instruments.....	8 50
do Knife.....	1 50
do Scissors.....	1 75
do Forceps.....	1 25

## OBSTETRICAL INSTRUMENTS.

do Mrs. Meigs, or Davis' Forceps.....	3 00
do Straight.....	8 00
do.....	2 50
do.....	3 25
do Forceps.....	3 50
do Hook and Trenches.....	1 50
do Instrument Case complete.....	30 00

## POCKET INSTRUMENTS.

Compact Double Instruments, Prof. Gross.....	22 00
do Shell Handle.....	20 00
do Cocoa do.....	16 00
4 Fold, with double Catheter.....	16 10
4 Fold, with single Catheter.....	14 00
3 Fold, with combined Catheter.....	13 00
3 Fold, with single Catheter.....	11 00
2 Fold, with single Catheter.....	8 25
2 Fold, without Catheter.....	7 50
4 Fold, with double Catheter, Portmou- se style.....	18 00
4 Fold, double Instruments, Shell Handle, Prof. Howe.....	17 00
4 Fold, shell handle.....	18 00

## TOOTH FORCEPS.

Fine.....	1 75 to 2 00
Tooth Keys.....	2 00 to 2 50

## HYPODERMIC SYRINGES.

Glass, Improved, 2 tubes, gilt.....	4 00
do do plain.....	3 50
Rubber, 2 tubes, plain.....	3 00
do 1 tube, plain.....	2 50

## MISCELLANEOUS.

Dissecting Cases, full.....	6 00
do do small.....	4 50
Single Scalpel.....	1 00
Single Forceps.....	1 00
Single History.....	1 00
Single Thumb Lancet.....	75
Single Gum Lancet.....	75
Single Abscess Lancet.....	75
Cupping Case.....	5 00
do do with Sacrificator.....	10 00
Single Sacrificator.....	4 50 to 5 00
Tongue Depressors, silver plated.....	1 50
do do German Silver.....	1 00
Palmer's Battery.....	10 00
Ridder's Battery, Electro Magnetic.....	11 00
Foster's Battery, double current.....	12 10
Nasal Douche improved.....	1 50
Trocar and Cannula.....	1 75
Fever Thermometer.....	2 50
Fever Thermometer self Registering.....	3 50
Atomizers, Codman & Shurtliff.....	5 00
do Hand bulb.....	3 00
Dr. Morrell's Vaginal Irrigator.....	1 75

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

We are the Agents for Doctor  
**BROWN'S RENOVATOR**, an Instru-  
ment for the treatment of disease, by  
Acupuncture and Counter irritation.  
Prices for full set, comprising Instru-  
ment, Book and Medicines \$12.00.

# We are the Agents for the following Celebrated Pharmaceutic Dragees and Granules,

TOGETHER WITH THE

Pills of the U. S. Pharmacopœia, and by eminent Medical Practitioners,

WITH THE FORMULA APPENDED.

## MANUFACTURED BY WILLIAM R. WARNER & CO.

Which we offer to the trade and to the profession at their lowest rates.

	100	500		100	500
ALOE, U. S. P.—Pulv. aloes socot. 2 grs.; pulv. saponis. 2 grs.	\$ 25	\$1 50	EMMENAGOGUE.—Ergotinae 1 gr.; ext. helleb. nig. 1 gr.; socot. aloes. 1 gr.; ferri sul. 1 gr.; ol. sabina ½ gr.	40	1 75
ALOE ET ASSAFÆT.—Pulv. aloes socot. 1½ grs.; assafœtida. 1½ grs.; pulv. saponis. 1½ grs.	40	1 75	FEL. BOVINUM, Ox. gall. 2 grs.; pow. Jamaica ginger 1 gr.	50	2 50
ALOE ET FERRI.—Pulv. aloes socot. ½ gr.; pulv. singlis. jam. 1 gr.; fer. sulph. exsic. 1 gr.; ext. conii ½ gr.	40	1 75	FERRI, (Quevenne's) 1 gr.	75	2 50
ALOE ET MASTICH.—See pill stomachicæ.	50	3 25	" CARB. (Vallet's) U. S. P. 3 grs.	60	1 50
ALOE ET MYRRHÆ, U. S. P.—Pulv. aloes socot. 2 grs.; pulv. Myrrhae 1 gr.; croci stigmat. ½ gr.	50	2 25	" CITRAT. 2 grs.	60	2 50
ALTERATIVE.—Mass. hydra. 1 gr.; pulv. opii ½ gr.; pulv. ipecac. ¼ gr.	50	2 25	" COMP. U. S. P.	40	1 75
AMMON. BROMID. 1 gr.	75	3 50	" IODID. 1 gr.	65	2 50
ANDERSON'S ROOTS.	40	1 75	" LACTAT. 1 gr.	50	2 50
ANTI-BILIOUS (vegetable).—Pulv. ext. coloc. 2 grs.; podol. ¼ gr.; fer. ferrocyan. 2 grs.; ol. piper nig. 1 gr.; arsenic. 1-20 gr.	70	3 25	" PYROPHOSPH. 1 gr.	40	1 75
ANTIMONII COMP. U. S. P.—See pill plumbæ.	1 30	5 75	" ET QUAS.—Fer. per hydro.	75	2 50
APERIENT.—Ext. nuc. vom. ½ gr.; pulv. hyoscyam. ½ gr.; pulv. coloc. 2 grs.	40	1 75	" ET STRYCHNINÆ.—Strych. 1-60 gr.; fer. per hydrog. (Quevenne's) 2 grs.	75	2 50
ASSAFÆTIDA, U. S. P.	35	4 00	FERRI ET STRYCHNIA CIT.—Strych. cit. 1-50 gr.; ferri cit. 1 gr.	75	2 50
" 2 grs.	40	1 75	GAMBOGIE COMP.—Pulv. gambog.; pulv. aloes socot.; pulv. singlis. jam.; saponis.	80	1 50
BISMUTH. Subnit. 3 grs.	75	3 50	GENT. COMP.—Ext. gent. ½ gr.; aloes socot. ½ gr.; pulv. rhel. 1½ grs.; ol. carn. 1-5 grs.	60	1 50
" Subcarb. 3 gr.	1 70	7 25	GONORRHOEA.—Pulv. cubebæ 2 grs.; bals. copalb. solid. 1 gr.; ferri sulph. exsic. ½ gr.; terebinth. venet. 1½ gr.	60	2 50
" and gnatia—Bismuth subcarb. 4 grs.; ext. Ignatia amara ¼ gr.	40	1 75	HEPATICA.—Pil. hydrarg. 2 grs.; ext. coloc. comp. 2 grs.; ext. hyoscyam. ¼ gr.	80	4 00
CALOMEL. ½ gr., 1, 2, and 3.	50	2 25	HOOPEE (Female pills) 2½ grs.	40	1 75
CALOMEL ET OPII.—Calomel. 2 grs.; opium. 1 gr.	85	4 00	HYDRANTIN ½ gr.	40	1 75
CALOMEL ET RHEI.—Calomel. ½ gr.; ext. rhel. ¼ gr.; ext. coloc. ½ gr.; ext. hyoscyam. ¼ gr.	75	3 50	HYDRARGYRI U. S. P. 3 grs.	50	2 50
CATHART. COMP. U. S. P.—Ext. coloc. comp. 1½ grs.; ext. jalape 1 gr.; calomel. 1 gr.; pulv. cambogias. 2-3 grs.	70	3 25	IODIFORM ET FERRI.—Ferrum per hydro 1 gr.; Iodoform 1 gr.	25	1 50
CATHART. COMP. Vegetable—Podol.; ext. colocynth. virgin scammony; aloes, soap and ginger.	75	3 50	IPECAC. ET OPII, 8½ grs. (pulv. dovert, U. S. P.)	50	2 50
CHAPMAN'S DINNER PILLS.—Pulv. aloes soc.; pulv. rhel. opii; gum mas.	60	2 75	IPECAC. ET OPII, 5 grs.	65	1 50
CERII OXALATE. 1 gr.	1 00	4 75	IRISIN COMP.—Irisin. ¼ gr.; podol. 1-10 gr.; strychnia. 1-40 gr.	50	2 50
CHINQUIDIN COMP.—Chinoidin 2 grs.; Ferri sulph. exsic. 1 gr.; piperina ¼ gr.	1 00	4 75	LEPTAND COMP.—Leptandrin, 1 gr.; Irisin. ¼ gr.; podol. ¼ gr.	60	4 00
CINCHON. SULPH. 1½ gr.	75	3 50	LUPULIN. 3 grs.	40	1 75
COOK'S, 3 grs.—Pulv. aloes soc. 1 gr.; pulv. rhel. 1 gr.; calomel ¼ gr.; saquin hispan ¼ gr.	50	2 25	MAGNESIÆ ET RHEI. (1 gr. each)...	40	1 75
COLOCYNTHIDIS COMP. 3 gr. U. S. P.	50	3 75	NEURALGIC.—Quinia sulph. 2 grs.; morphia sulph. 1-30 gr.; str. 1-30 gr.; ael. arsenicous. 1-30 grs.	25	1 50
COPAIBÆ, U. S. P. 3 grs.	50	2 25	OPHI, U. S. P. 1 gr.	1 00	4 75
" ET EXT. CUBEBÆ.—Pil. copalb. 3 grs.; oleo-resin. cubebæ. 1 gr.	80	3 75	" ET CAMPHORÆ.—Pulv. opii. 1 gr.; camphora. 2 grs.	1 30	5 75
COPAIBÆ COMP.—Pil. copalb.; resin gumme.; ferri cit.; oleo-resin cub.	80	3 75	OPI ET CAMPHORÆ ET TANNIN.—Pulv. opii. ¼ gr.; camphora 1 gr.; achi. tannic. 2 grs.	1 10	5 75
CHINQUIDIN. 2 gr.	50	2 25	OPI ET PLUMBI ACET.—Pulv. opii ¼ gr.; plumbi acet 1½ grs.	1 00	4 75
DIURETIC.—Sapo hispan. pulv. 2 grs.; sohe carb. exsic. 2 grs.; ol. buccæ. jump; 1 drop.	50	2 25	PODOPHYLLIN.—Podol. 1 gr.; soda bi-carb. 1 gr.	1 00	4 75
			POTASS BROMID. 1 gr.		
			" IODID 2 grs.		

100 500 ~ SUGAR-COATED GRANULES.

QUINIA Sulph. $\frac{1}{2}$ gr.	85	4 75
" " 1 gr.	40	8 75
" " 2 grs.	2 75	13 50
" " 3 grs.	4 00	19 75
COMP.—Quin. sulph. 1 gr.; ferri carb. (Vallett's) 2 grs.; acid sugar 1.00 gr.	1 75	8 80
QUIN. Ect. Ext. Belladon.—Quin. sulph. 1 gr.; ext. belladon. $\frac{1}{2}$ gr.	75	8 80
QUIN. Ect. Ferri.—Quin. sulph. 1 gr.; ferri carb. per hydros. (Quevenne's) 1 gr.	1 75	8 80
QUIN. Ect. Ferri et Strychnia.—Quin. sulph. 1 gr.; ferri carb. (Vallett's) 1 gr.; strychn. sulph. 1.00 gr.	75	8 80
QUIN. Ect. Ferri et Valer. 2 grs.	50	17 25
QUIN. ECT. FERRI CARB.—Quinia 1 gr.; ferri carb. 2 grs.	75	8 80
QUIN. ECT. HYDRAERG.—Quin. sulph. 1 gr.; murex. hydrarg. 2 grs.; oleo- murex. 1 gr.; pulv. rhei. 3 grs.; pulv. saponis 1 gr.	75	3 50
QUIN. ECT. U. S. P.—Pulv. rhei. 2 grs.; pulv. aloes cocot. $\frac{1}{2}$ grs.; pulv. saponis 1 gr.; ext. menth. pip.	75	8 80
QUIN. ECT. U. S. P.—Ext. coloc. c. $\frac{1}{2}$ gr.; ext. colchicid. acet. 1 gr.; ext. hyos- cyamus 1 gr.; pulv. chlor. mlt. $\frac{1}{2}$ gr.	90	4 25
QUIN. ECT. U. S. P.—Pulv. acillie 1 gr.; pulv. elagib. Jamaica. 1 gr.; pulv. ammoniac. 1 gr.; pulv. sapo. 1 gr.	50	2 25
QUIN. ECT. U. S. P.—Pulv. aloes cocot.; pulv. mastic. 1 gr.; pulv. rosam. 1 gr.	50	2 25
QUIN. ECT. U. S. P.—Pulv. aloes cocot.; pulv. mastic. 1 gr.; pulv. rosam. 1 gr.	1 00	4 75

ACID. Aconit. 1.20 gr.	40	1 75
ACONITIA. 1.20 gr.	75	3 50
ATROPIA. 1.20 gr.	75	3 50
CORROSIVE SUBIMATE. 1.12 and 1.20 grs.	40	1 75
CAULOPHYLLIN. 1.10 gr.	40	1 75
CINICIFUGIN. 1.10 gr.	40	1 75
DIGITALIN. 1.00 gr.	75	3 50
ELATERIUM. (Clutterbuck's) 1.10 gr.	95	4 50
EXTRACT Belladonna (Eng.) $\frac{1}{2}$ gr.	40	1 75
" Ignatia Amara. $\frac{1}{2}$ gr.	50	2 25
" Gualubia Indica. $\frac{1}{2}$ gr.	60	2 75
" Hyoscyamus. (Eng.) $\frac{1}{2}$ gr.	40	1 75
" Nux Vomica. $\frac{1}{2}$ gr.	40	1 75
GELSEMIN. $\frac{1}{2}$ gr.	75	3 50
HELONIN. 1.10 gr.	50	2 25
LEPTANDRIN. $\frac{1}{2}$ gr.	40	1 75
MERCURY Iodide. $\frac{1}{2}$ gr.	40	1 75
" Red. 1.16 gr.	40	1 75
MORPHIA Acet. $\frac{1}{2}$ gr. Acet. Morphia. 1 gr.	100	4 75
" Sulphate. 1.10 gr.	80	4 25
" " $\frac{1}{2}$ gr.	100	4 75
" " $\frac{1}{2}$ gr.	125	6 00
" Valerianate. $\frac{1}{2}$ gr.	100	7 75
PODOPHYLLIN. 1.10 gr.	40	1 75
" " $\frac{1}{2}$ gr.	40	1 75
PODOPHYLLIN COMP.—Each con- tains pod. $\frac{1}{2}$ gr.; ext. hyoscyam. $\frac{1}{2}$ gr.; ext. nux vomica. 1.16 gr.	75	3 50
POTASS. Permangan. Cryst. $\frac{1}{2}$ gr.	50	2 25
QUINIA Valerianate. $\frac{1}{2}$ gr.	75	3 50
SILVER Nitrate. $\frac{1}{2}$ gr.	75	3 50
" Iodide. $\frac{1}{2}$ gr.	75	3 50
STRYCHNIA. 1.20 gr.	40	1 75

ELIXIRS AND WINES.

	PER PINT.	PER GAL.
Elixir Calisaya and Iron,	.85	\$5.50
Elixir Calisaya, Iron and Strychnia,	.85	5.50
Elixir Calisaya, Iron and Bismuth,	.85	5.50
Elixir Pepsin, Bismuth and Strychnia,	1.50	10.00
Elixir Phosp. Iron, Quinia and Strychnia,	2.00	14.00
Elixir Pyrophosph. Iron,	.75	5.00
Elixir Valerianate Ammon,	1.00	7.00
Elixir Gentian,	.60	4.00
Elixir Gentian, Ferrated,	.75	5.00
Elixir Pepsin and Ptelea,	2.00	14.00
Elixir Brom Potassa	.85	5.50
Elixir Calisaya	.75	5.00
Elixir Taraxicum Comp.	.65	4.50
Elixir Buchu	.75	5.00
Elixir Buchu and Potassa	.75	5.00
Elixir of Wild Cherry	.75	5.00
Elixir of Wild Cherry Ferrated	.75	5.00
Elixir of Pepsin	1.50	11.00
Elixir of Iron, Bitter	.85	5.50
Elixir of Iron, with Beef	.65	4.50

# ***SPECIFIC MEDICINES.***

The medicines bearing these labels will be uniform in manufacture and strength.

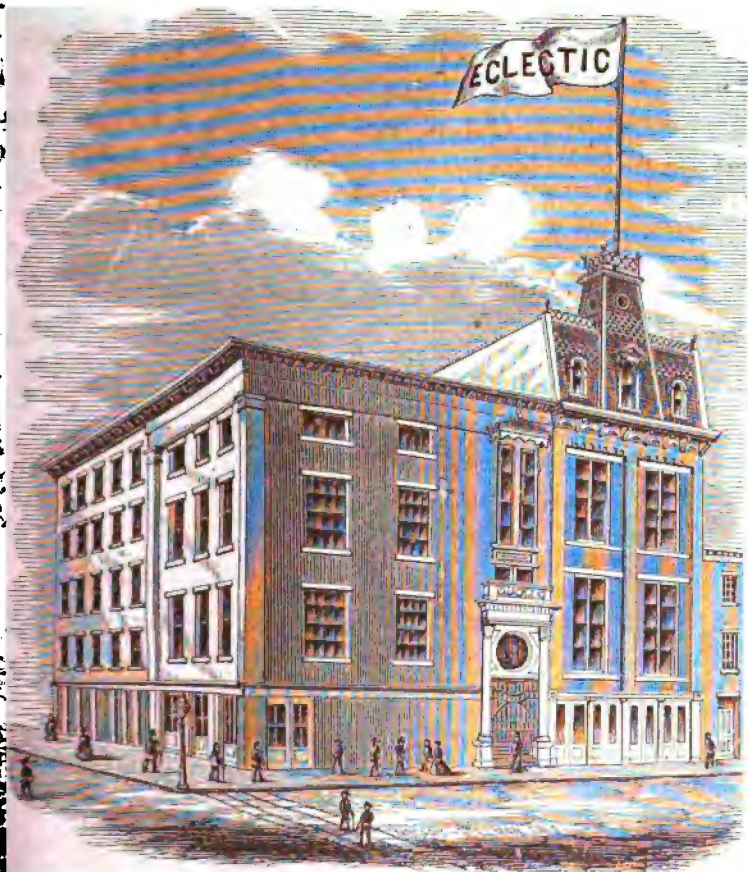
Fluids will be made from recent and carefully selected crude articles, and of the strength of one ounce troy to the fluid ounce.

	PINT BOT.	4 OZ. BOT.		PINT BOT.	4 OZ. BOT.
Acid, Hydrochloric, Dilute.....	\$ 80	\$ 30	Hepatica.....	1.80	30
" Sulphurous .....	80	30	Hydrastis.....	2.00	55
Aconite.....	2.00	55	Hyosciamus.....	2.25	60
Agrimonia.....	1.80	50	Hydrangea.....	1.80	50
Alnus.....	1.80	50	Ipecacuanha.....	6.00	1.60
Amygdalis Persica.....	1.80	50	Iris Versic.....	1.80	50
Apocynum Can.....	1.80	50	Juglans.....	1.80	50
Aralia Hisp.....	1.80	50	Kalmia.....	1.80	50
Acid Carbolic.....	1.40	40	Leptandra.....	2.25	60
Asclepias.....	1.80	50	Lobelia.....	2.25	60
Apis.....	3.00	80	Macrotys Rac.....	1.80	50
Belladonna.....	2.00	55	Myrica Cer.....	1.80	50
Boletis Laricis.....	3.00	80	Nux Vomica.....	1.80	50
Baptisia Tinct.....	1.80	50	Panax Quinq.....	2.25	60
Bryonia.....	3.00	80	Phosphorus.....	1.75	50
Cactus Grandif.....	5.00	1.50	Phytolacca.....	1.80	50
Cannabis Indica.....	3.00	80	Pulsatilla.....	3.00	80
Caulophyllum.....	1.80	50	Prunus.....	1.80	50
Corydalis.....	2.25	60	Ptelea.....	2.00	55
Colchicum Seed.....	1.80	50	Rhus Toxicodend.....	3.00	80
Collinsonia.....	1.80	50	Rumex Crisp.....	1.80	50
Conium.....	1.80	50	Rheum.....	6.00	1.60
Cypripedium.....	2.00	55	Stramonium.....	1.80	50
Coffee.....	2.50	65	Senecio.....	1.80	50
Cinnamon.....	2.25	60	Sticta.....	3.00	80
Colocynth.....	2.50	65	Staphisagria.....	3.00	80
Cuprum.....	2.25	60	Stillingia.....	2.50	65
Carbo-Veg.....	2.00	55	Sambucus.....	1.80	50
Digitalis.....	2.00	55	Senna.....	1.80	50
Drosera.....	3.00	80	Veratrum Viride.....	2.25	60
Ergot.....	3.00	80	Viburnum.....	1.80	50
Epilobium.....	1.80	50	Xanthoxylum.....	2.25	60
Eryngium.....	1.80	50	Mayer's Ointment.....	1.00	
Eupatorium Purp.....	1.80	50	Strammon.....	75	
Euonymus.....	1.80	50	Phosph. Soda.....	70	
Euphorbia Cor.....	1.80	50	Sulphite Soda.....	75	
Gelseminum.....	3.00	80	Podophyllin Triturated, per oz.		25
Galium Ap.....	1.80	50	Hydrastia Sulph.....		3.50
Hamamelis.....	1.0	30	Sanguinaria Nitrate.....		2.00
Helonias.....	2.50	65			

**H. M. MERRELL & CO.**

Corner Court and Plum Streets,

**CINCINNATI, OHIO.**



# **Eclectic Medical Institute.**

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2d, 1876. Preliminary Lectures from Sept. 25th.  
Spring Session Commencing February 1st, 1877.

—•—  
Annual Announcement, or other information, address

DR. J. M. SCUDDER,  
CINCINNATI, OHIO.

# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

MANUFACTURERS OF  
**Fluid and Solid Extracts, Sugar-coated Pills,**  
**Elixirs, Wines and Syrups, Aqua Ammonia,**  
**Pure Concentrations, Spts. Nitre Dulc.**  
**Gran'ted Effervescing Salts, Pure Powd'd Drugs**  
**Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added to our list:

Fluid Extract Jaborandi.  
 Fluid Extract Damiana.  
 Fluid Extract Guarana.  
 Fluid Extract Eucalyptus Globulus.  
 Fluid Extract Grindelia Robusta.  
 Fluid Extract Bearsfoot.  
 Fluid Extract Calendula.  
 Fluid Extract Chestnut Leaves.  
 Fluid Extract Cotton Root Bark, (from the fresh root.)  
 Fluid Extract Gelsemium, (from the fresh root.)  
 Pills of Picrate Ammonium, (sugar coated.)  
 Brundage's Anti-Constipation Pills, (sugar coated.)

Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify P. D. & Co. on their prescriptions.

Our list of manufactures can be obtained of the following wholesale Druggists, at manufacturers' rates:

### DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	Cincinnati.
Kenyon, Potter & Co.	Syracuse, N. Y.
George A. Kelly & Co.	Pittsburg, Pa.
Benton, Myers & Canfield,	Cleveland, O.
George M. Dixon,	Dayton, O.
A. Peter & Co.	Louisville, Ky.
Morrison, Plummer & Co.	Chicago, Ill.
Colburn, Birks & Co.	Peoria, Ill.
George A. Eddy,	Leavenworth, Kan.
Godbe, Pitts & Co.	Salt Lake City, Utah.
Reed, Williams & Co.	Tulsa, O.
Farrand, Williams & Co.	Detroit, Mich.
Swift & Dodds,	Detroit, Mich.
Browning & Sloan,	Indianapolis,
Wheelock, Finlay & Co.,	New Orleans,
Strong, Cobb & Co.,	Cleveland, O.
J. W. Wood & Co.,	Kansas City, Mo.
J. Durbin,	Denver, Col.
Evans, Mercer & Co.,	Montreal, Q.

Price \$2 per Annum.

# Eclectic Medical

E. N. Y.

JOHN M. S.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE

Cincinnati

Vol. XXIV.

TABLE OF

## Original Communications.

- XXV.—Raptures of the Pericardium. By J. Howe, M. D.  
XXVI.—Chloroform Vitiations. By J. Howe, M. D.  
XXVII.—Advertised Remedies. By J. Howe, M. D.  
XXVIII.—Chloroform and the Heart. By J. Howe, M. D.  
XXIX.—Raptures of the Pericardium. By J. Howe, M. D.  
XXX.—On the Use of Bone. By J. Howe, M. D.  
XXXI.—Paralysis of the Heart. By J. Howe, M. D.  
XXXII.—Raptures of the Pericardium. By J. Howe, M. D.  
XXXIII.—Raptures of the Pericardium. By J. Howe, M. D.

V. C. TIDBALL

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

O. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:

1st. It exerts the full therapeutic influence of Sulphate of Quinine. In the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDLER, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinsied by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,  
J. R. TAYLOR, M.D., Keesee, Texas

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D.,

Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKEY, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists,**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

**BOSTON, MASS.**

T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

APRIL, 1876.

No. 4.

---

## ORIGINAL COMMUNICATIONS.

**Art. XXV.—Rupture of the Perineum.** By PROF. A. J. HOWE,  
M. D., Cincinnati, Ohio.

Laceration of the perineum occurs during the last throes of labor, the child's head not rising soon enough to let the posterior commissure of the vulva slip over the sinciput without being torn. Primiparous women are most liable to suffer from this distressing and unfortunate accident, and it is not probable that the laceration is always due to carelessness on the part of the accoucheur, for the most careful and experienced obstetricians have been pained to find that their patients occasionally fall victims to perineal separation, the rent extending a short distance in some instances, but clear into the anus and rectum in others. As soon as the inferior commissure of the vulva yields to the slightest laceration, the tear may rapidly extend, during a violent labor throe, to the sphincter ani, and even through it. Accoucheurs have delivered women when they knew all was right until the last expulsive pains, yet have been surprised to learn, from nurses or the patients themselves, that there was something wrong about the perineum. The rupture occurs so quickly and inappreciably that the medical attendant, engaged in receiving the child, and in endeavors to make the uterus contract by squeezing the abdomen, may fail to discover that a rent has taken place. However, a thoughtful obstetrician will test the perineum while he is employed in delivering the placenta, so that he may be the first to discover a laceration when one exists.

When rupture of the perineum only extends a half inch or so, the parts so far heal that little more than a notch remains; but a rent that reaches to the sphincter ani should be closed at once with sutures, that subsequent trouble may be avoided. If the sutures be well placed, and kept *in situ* for three days, the union by first intention usually takes place; yet to secure a good result, the joining should be effected before the obstet-

rician leaves the patient, for it is found that a lacerated perineum, left twelve or fifteen hours, is not likely to heal; and it is not well to wait for perfect cicatrization, and the recovery of the patient from the puerperal state. It occasionally happens that a badly ruptured perineum will recover itself in three or four days when nothing is done but to keep the patient's limbs close together.

One of the inconveniences attendant upon rupture of the perineum is *procidencia uteri*, together with prolapsion of the bladder. If the sphincter ani be involved in the rent, the retention of flatus and fæces is not always within control; and women who are left open after sustaining perineal laceration, are apt to be sterile, through loss of retentive power in the vagina. No woman can feel close and comfortable while a victim to an unclosed perineum.

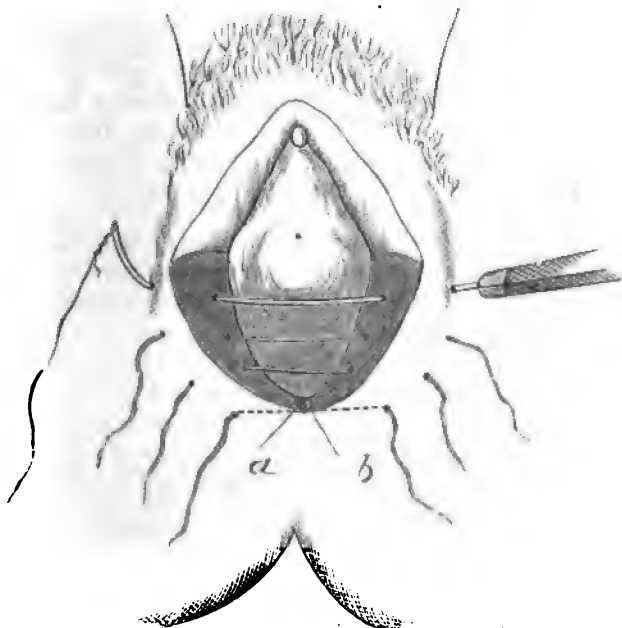
An argument employed by the older surgeons against closing a ruptured perineum, was the probability that a repetition of the laceration would occur at the next parturition. However, the operation for closing the fissure has been brought to such a state of simplicity, and certainty as regards results, that no legitimate reason can be raised why a well timed attempt should not be made to close the fissure by an operation.

To those who have had no experience with the treatment of perineal ruptures, the operative procedure for closing the fissure appears simple and free from difficulties, but a little experimental knowledge soon dissipates such shallow notions. The muscles in the floor of the pelvis draw the sides of the fissure apart, and otherwise distract the true presentment of the parts implicated. In some cases the descent of the uterus and bladder, and in others, when the sphincter ani is involved, the foldings of the mucous lining of the rectum contribute more or less to the perplexity of the young practitioner, who has a case fall into his hands for treatment; and when he compares the diagrams in his text-book, which are attempts to represent the disease and its management, he thinks the artist might have done better, or the case under advisement is not representative in any respect.

Among the most notable of those who have contributed valuable rules for operating successfully for the closure of perineal ruptures, is J. Baker Brown, of London. He describes the operative procedure as follows: "The patient, after being chloroformed, should be placed in the position for lithotomy; the knees well bent back upon the abdomen by an assistant to each leg; and the parts around carefully cleared of hair by shaving; then each assistant should hold the sides of the vaginal perineum, so as to insure sufficient tension for the operator to make a clean incision with a scalpel down into the vagina about three quarters of an inch on each side, removing carefully and thoroughly the mucous membrane. Having done both sides, there would still remain a space covered with mucous membrane between these two sides, embracing the edge of the rectum where the sphincter was lost; and this must also be carefully denuded—very carefully, because, if there remained the slightest portion of mucous membrane around, or even near the rectum, then most certainly there would be a recto-vaginal fistula, after the restoration of the perineum. As soon as the denudation is complete the sphincter should be divided in

two places by using a straight bistoury with a blunt point for the purpose. The knife is to be introduced into the anus and rectum an inch or more, with its edge directed backward as if to cut towards the coccyx, yet diagonally outward, severing all the structures, as mucous membrane, muscle, skin, and whatever tissue intervened. The incisions should extend outward and backward on each side of the coccyx, to the distance of an inch or two from the anus. The thighs are then brought together preparatory to the introduction of the sutures."

It is to be borne in mind that the patient is to be in good condition for the operation; the menstrual period is not to be reached for ten or twelve days; the bowels should have been freely evacuated some hours in advance of the operative procedure, and the bladder should be empty.

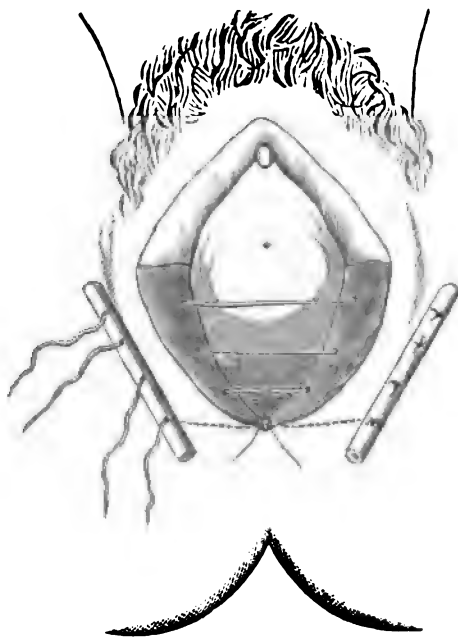


Surfaces freshened and sutures being introduced.

The freshening process is best performed with a scalpel, scissors not being as good as the knife. The cicatricial surface on each side is to be wholly removed, so that the denuded surfaces shall correspond with the original perineum. The vulval opening should not be made smaller nor left longer than it was originally. The surface to be denuded on each side is triangular in shape, and there is a narrow belt between the two sides which crosses the rectum where the sphincter has been lacerated. To make sure that the denudation shall be complete, it is well to pare one side, then the edge of the rectum, and finally the other side without tearing or severing the strip taken off. If the surfaces be denuded by taking off piece after piece, the blood may obscure the freshening process, and deceive the operator, who may flatter himself that he has made every por-

tion fresh, when in fact a small spot may escape his attention, and ruin the prospects of a successful issue. The hemorrhage attending the freshening process is inconsiderable, but it is sufficient to prevent the operator from seeing all points distinctly. The narrow strip taken from the bottom of the wound must be dissected off with great care, and with especial reference to the manner the parts will come together when the sutures draw them in contact. The edge of the recto-vaginal septum may be distorted by cicatrization, and in need of special management while freshening it, lest the sutures be not competent to make an even and continuous seam, with no considerable folding or tension at particular spots.

The introduction of the sutures may be accomplished with a long curved needle, with a needle in a handle, or with a hollow suture carrier. As the curve required is not always the same, needles with different curves should be at hand. The needle in a handle is the easiest to manage; it has an eye in its point, which is not to be threaded until it has been passed through both sides of the fissure. The ends of a piece of silver wire a foot long is to be put through the eye and twisted into a firm loop. Now, as the needle is withdrawn, the suture is introduced. When it is in place the needle is clipped away; but a loop is made at the end of the suture which is to surround a piece of bougie, bar of lead, or a bit of leaden catheter about an inch long. The needle is made to enter the flesh at the distance of half an inch or more from the edge of the fissure, and transfixing the freshened surfaces as deep as possible, it emerges through the skin on the opposite side, at the same distance from the edge of the fissure that it found entrance.



The freshened chasm in the perineum is to be closed by pulling upon the free ends of the sutures when the bars are pressed together. After due approximation, the two upper and the two lower ends of the sutures are to be twisted into knots.

After the four sutures are passed in the same way, and the loops surround the "quill" on that side, the free ends are to be used to draw the sides of the fissure into apposition, the thighs of the patient in a flexed attitude being brought together in order to take the strain from the sutures, and to aid in joining the freshened surfaces. The second "quill" (piece of leaden catheter) should have a row of four holes bored through it, each being about a quarter of an inch from the other; and when the free ends of the sutures are put through these holes, the ends of the two upper and the two lower are to be fastened together by twisting them, after the sutures are made as tense as they can be, an assistant pressing the two quills or clamps towards each other while the operator pulls upon the sutures.

After the deep parts of the fissure are brought snugly into apposition by the quill-sutures, the edges of the rent should be united with three or four interrupted sutures. These may be of finer wire than that used for the deep sutures. No. 22 will do to hold the quills, and No. 28 the borders of the wound.

Great care is needed in passing the first or deepest suture, as it is to dip deeper than the bottom of the fissure, and not enter the mucous lining of the rectum. The others are to pass near what is to be the mucous lining of the vagina.

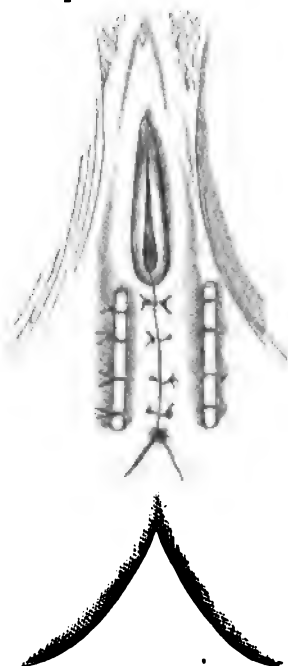
The after treatment is to be well directed, and executed with care and discretion, or a nicely performed operation will fail. The patient is to be placed on her side, with the lower extremities in a state of flexion, and tied together with a towel to prevent the limbs being parted by any accident. The urine should be drawn off every five or six hours, or it may be evacuated as fast as it accumulates, by employing a self-retaining catheter, and a piece of rubber hose to conduct the urine into a basin. The bowels are to be kept from moving for eight or ten days by the administration of opium, and the use of a diet that affords little waste. The food should consist chiefly of beef-tea, milk, and such varieties as are nutritious and easily digested.

The sutures are to be removed on the tenth day; when, if the urine has been kept out of the vagina and free of the wound, and the bowels have not been moved, a snug union may be expected. But how often the operator is disappointed! Some part of his plan has failed, and the operation proves futile. If the sutures do not hold the sides of the fissure in contact, blood, pus, and other fluids collect there, and obviate union. During the healing process the wound is to be kept as clean as practicable by using a syringe or sponge two or three times a day. A solution of borax and salicylic acid may be employed as a wash to keep the parts cleanly. Foul discharges from the vagina are often the cause of non-union in the treatment of ruptures of the perineum. Straining at stool must be avoided while the healing process is going on. If a passage from the bowels can not be prevented, the fecal matter should be liquefied by the use of enemata.

It has been supposed that a restored perineum is rigid, and liable to tear open at the next parturition, but experience teaches the contrary. The only part of the structure that is less yielding than the original tissue

is the cicatricial line; and that embraces too little space to exert much modification on the elasticity of the parts.

In the event that the recto-vaginal septum is torn open to the extent of an inch or more, it is best to freshen the edges of this part of the rent, and close it with silver sutures, as a distinct operation, to precede the closure of the perineal fissure by several weeks. It has been ascertained experimentally that an attempt to close the rent in both structures at one operation is liable to be followed by a recto-vaginal fistula, just above the sphincter. In joining a rent of the vesico-vaginal septum, the edges are to be well freshened, and then brought in apposition by the use of interrupted sutures, fine silver wire being used to effect the junction. The ends of the sutures are to be twisted to take the place of knots, and then cut off quite close to the fastenings.



This diagram shows the deep sutures twisted over bars made of a leaden catheter; the superficial sutures knotted in the median line; and the incisions which divide the sphincter ani.

A recto-vaginal fistula, which is left after the coalescing of a ruptured perineum, is quite difficult to cure. In the first place, the perineum may be in the way of easy manipulation, and a collection of fluid, flatus, and fecal matter above the sphincter tends to prevent the freshened edges from coalescing. Besides, the opening is so short and broad that there is undue tension upon the middle sutures. If the fistula be elongated into an elliptical opening, the edges come together with less strain. In some instances it is necessary to lay open the perineum in order to cure the fistula. A very small fistulous opening may be closed by the repeated application of a hot wire.

When the recto-vaginal opening is quite large through loss of structure by sloughing, it may be necessary to supply tissue by a plastic operation, one flap being turned down and the other up, so that the raw surfaces of each shall rest in contact. They are to be held together by the use of sutures; and their junction with the recto-vaginal septum above is to be secured with care, both as to

freshening and suturing. Ordinarily a recto-vaginal fistula is to be closed by the same operative procedure that is found available in obliterating a vesico-vaginal fistula. The borders of the opening are to be carefully freshened with scissors while dilators expose the parts operated upon; then wire sutures are passed a quarter of an inch apart, with a hollow suture bearer, such as is now used in staphalorrhaphy, and vesico-vaginal operations. The bowels are to be kept locked with repeated doses of opium for nine or ten days, when the sutures may be cut and removed. The diet,

during this period, is to be nourishing, yet of a kind to furnish little faecal matter. Of course, the bowels are to be thoroughly emptied a few hours before the operation is performed. The patient during the operative procedure, may be in the attitude of lithotomy, or turned upon the side. The operator must have his patient in the best posture for exposing the parts to be operated upon. Two or three assistants will be needed. The day should be fair, in order that the light may be favorable for seeing distinctly; and the patient should be in good condition. It is essential that menstruation do not take place during the period of treatment, which will last ten or twelve days.

---

**Art. XXVI.—*Chionanthus Virginica*, By F. C. GALE, Lacon, Ill.\***

In King's American Dispensatory we have a short notice of this shrub, and of its history. He says: "The fringe tree is a beautiful ornamental plant, much cultivated in gardens. It grows from Pennsylvania to Tennessee, on river banks and on elevated places, presenting light clusters of snow-white flowers in May and June. It is known in some sections of the country by the names of 'old man's beard,' 'poison ash,' etc. The bark of the root is the part used, and imparts its properties to water or alcohol." Of its properties and uses King goes on to say exactly what we observe is printed on the label of every bottle that we find in the drug trade: "Aperient, alterative and diuretic, with some narcotic properties. An infusion of the root bark has been efficacious in bilious and typhoid fevers, as well as in obstinate intermittents. It forms an excellent tonic after convalescence from exhausting diseases. As a poultice it will be found an excellent local application in external inflammations, ulcers and wounds. Dose of the infusion, from one-half to two fluid ounces, repeated several times daily, according to its influence on the system."

I have thought proper to quote at length all I could find from official sources on the action of this valuable remedy, that you may lament with me the lack of knowledge the profession seems to suffer from regarding its therapeutical value. Scudder, it would seem however, from his Specific Medication, favors the idea of its worth, inasmuch as he has given place in that work to the recommendation of Dr. I. J. M. Goss, of Georgia; yet he makes no comments *pro* or *con*, as it would seem he ought to do, if he really believed the high recommendation this agent receives from Dr. Goss. I believe Goss has written the very best article on the action of the drug that ever has appeared in print, and it will be my purpose in this paper to enlarge on what he has written, and to add such other facts as an extended use of the remedy fully warrants me in producing. I will premise by stating that in this section of the country, I believe its use is more frequently indicated than that of any other single remedy we possess; and that, for the last year or two, I have given it in more cases than any other drug, and usually with certain and happy results.

Goss states that the fringe tree possesses important alterative properties, and so it does, associated with other well known alteratives in com-

---

\* Read before the Illinois Valley Progressive Medical Association.

bination, or alone. I believe that when a salutary change in disease of this kind is desired, its employment in some way is the most certain and speedy way to procure it. In its administration for this effect, I am uncertain whether its alterative power is enhanced by its diuretic properties, or whether it acts like itself alone in its most singular and grand characteristic of removing morbid material from the whole system. I have thought of this agent as eliminative, rather than alterative. This power of conveying *matres morbi* out of the system, as claimed by Dr. Goss for the *Chionanthus*, is both pleasing and wonderful to behold; and I care but little whether this effect is obtained by increasing the secretions of the skin or kidneys, or the aperient effect that King starts out with in his abbreviated description of the drug; but this I do know, if my patient is loaded down with malarial or mercurial poison, bilious, scrofulous, syphilitic or other morbid material—if he is yellow, or heavy-skinned—then I know that my *Chionanthus*, in vulgar parlance, “*will talk*.”

Goss speaks of a decided catalytic influence over the glandular system, possessed by this drug. I have always thought that he referred to the liver in particular, when I pondered on his worthy article in Scudder's Specific Medication, and I have always claimed he was right; but I can claim for it an equal value in many diseases that act on the other larger glands of the body. Yet, in furnishing an article on the subject, I ponder again whether I ought not to ascribe more to the *Phytolacca* and less to the fringe tree than I have been accustomed to do in the treatment of what we are in the habit of speaking of as glandular diseases. I can at least make this claim, that in the treatment of those troubles both drugs work well, alternating with each other. I suppose both Goss and Scudder would claim, in the language of Goss, that “the most important therapeutical property possessed by the *Chionanthus*, is its specific power over morbid conditions of the liver.” I will join them and say, “I have tried it in hypertrophy of that organ, and with uniform success, and also in obstructions of the liver in malarial districts with like success. It is as near a specific in jaundice as quinine in periodicity.”

I always use the fringe tree as my first tonic after fever: but were it not for its slightly cathartic effects oftentimes, I might think of some other drug to use in its place. I should at the same time doubt, however, if it would serve the purpose nearly as well as would the *Chionanthus*. I am quite willing to laud its great worth in this place, yet I think its most useful field of action lies in the power it possesses in chronic cases, and not after convalescence from acute diseases.

As a diuretic its action I find to be valuable—not as well marked, but quite as certain as other more speedy and decided diuretics. I always use some other remedy with or alternating with the fringe tree for this effect, and am unable to speak with any degree of positiveness more than above claimed for it as a diuretic. I do know, however, that in any chronic disease of the kidneys, particularly in the advanced stage, and to correct functional wrongs in secretion and nutrition, no remedies in my hands have ever equaled the mixture of equal parts of *Lycopus Virginica* and *Chionanthus*.

We ought, by what we gain from King, to expect efficacious results

in bilious, typhoid, and obstinate intermittent fevers, from the use of this remedy. I regret that I am unable to report my observations of its action in these diseases, only as already spoken of, but my faith in its efficacy in fevers before the convalescing stage will lead me the first opportunity to note its action.

I feel that in recapitulating the action of this drug, we all ought to know more of its wonderful power in the destruction or counteraction of morbid agencies in the blood. None of us will be disappointed in calling it the Samson of our armamentarium as an eliminative or alterative. I am unable to use too strong language in its praise, in certain diseases of the liver already hinted at, alone or in combination with the remedies indicated, in the wrongs mentioned of the other larger glands of the system, or as a tonic in its proper place. I can say nothing of its value as a local application, only that I can see many reasons why it might prove worthy of a trial. We have this fall, in two remarkable cases of irregularity of the stomach and bowels, found to our satisfaction, and in the first case particularly to our relief, its value in these cases. Both cases presented nearly the same symptoms: Sallow, yellow skin; somber, dark, expressionless countenance, and all the other symptoms occasioned by these irregularities. Some days constipation, other days frequent diarrhoea, occasional nausea and vomiting; patients losing strength all the time. In the first case we used all the old means of relief—cathartics, astringents, and many things at many times, that we hoped would act as a tonic to the mucous membrane, and give tone to the stomach and bowels, "start up the liver," etc. We knew she needed fringe tree at first, but both of us were out, and we could obtain none at any of our druggists, and being very busy at the time, we were not very prompt in sending away for more. As a consequence, for four weeks she made no steps towards a recovery, until we procured it; and upon her using two bottles containing one-half ounce each of the specific tincture, and one ounce and one-half of water, she made a good recovery.

The other case was its exact counterpart, only he had suffered the same way for more than three years, and his physician had constantly been trying to remove his trouble. We gave him the following: *R* Chionanthus Virg., 3j; water, 3j. *M. S.*, a teaspoonful four times daily. I will only add that he says, we "beat his old doctor all out in his case," and that he had not for three years before been free from his troubles. I will say, the fault, as we considered it, was in the flow of bile from the liver, an irregularity of which may have caused the trouble our patients complained of.

I should be gratified if every member of this Association who does not use this drug would give it a trial, inasmuch as it fills a place in practice that no other remedy with which I am acquainted is capable of doing. I shall hope and trust you will all do what I have attempted to do, and point out to the profession, in a clearer and more concise manner, its proper sphere of action, and the exact uses to which it is a true specific. I have often wondered, as you may now be doing, if its value is not overrated by me, why the profession have not learned more fully its uses long ago; and then why, if its action on the liver is so great, have not the good people been extolling its virtues, particularly as here in the West nine out of ten

of my patients are anxious to make me believe that their livers are out of order. I know, besides all this, you have smiled as often as I have, as you have noticed the actions of some men who answer to the hailing of "doctor," that are always ready to charge the poor, accused liver, with all the physical sins of humanity. I am conscious that I have made strong statements of its worth, but I think the language used does not overdraw the true merits of the remedy. If so, I shall thankfully be convinced of my errors, and more than happy if any of you will point out to me a better agent to combat the ills this remedy removes.

---

*Art XXVII.—Advertised Remedies.* By W. M. INGALLS, M. D.

Possibly I may step on some ones tender corns before I am done penning this article, but if I do it will be in a general way.

It might be said, speaking loosely, that all remedies were advertised, but what I mean by advertised remedies are those of which we quite often read in our medical periodicals. The usual mode of advertising is by reporting cases and the remarkable cures which have followed their administration, which excites a desire upon the part of the profession to obtain them, if they are really what they are represented to be—neverfailing therapeutic agents in the treatment of throat, lung and bronchial difficulties. The desire is general on the part of the profession to avail themselves of the most reliable agents in the treatment of disease, hence the eagerness which makes it easy to become the dupes of those who have remedies to sell.

It may be I have a wrong impression, but it has always seemed to me Eclectic physicians have a constitutional taint in the direction of raising the wind in order to promulgate some visionary project.

The cause of this state of affairs I do not propose, in the examination of this subject, to stop and discuss, but were I so disposed, many reasonable hypotheses might be advanced to maintain the position that I should select.

Some cynical member of the profession, Eclectic Medical, may take exceptions to my mode of reasoning, yet I am satisfied the facts can be easily substantiated in favor of the proposition.

After having a sufficient number of cases reported wherein wonderful cures have been performed the next we hear of the practitioner and his drugs is among the advertisements in the same medical journal. The editor gets his pay for the advertisement, hence he don't worry himself about the matter, it being a mere business transaction.

The remedy is generally represented as being very scarce in the market, and in order to have the pure article, the doctor must see it taken from its native soil and bathed in alcohol, for fear some pesky druggist might impose upon the profession by palming off upon them a worthless article.

The man who has cured so many throat diseases, and very unfavorable cases of bronchitis and skin diseases thrown in, has a peculiar respect for the profession, and especially his cash, that he must be served with pure remedies.

The reports of cases show a hand to business, for nearly all of them are historical with accounts of such a doctor of the Allopathic school or Homœopathic school treated the case before I was called and made a failure, but "I with my bow and arrow killed cockrobin," therefore the remedy is of par excellence.

I notice, by referring to the advertisements there is a regular schedule of prices, and comparing the prices, in the article of Polymnia Uvedalia, there is a difference of seventy cents per pound; and one no doubt as good as the other.

This drug is represented to cure as many physical ailments as the celebrated Sarsaparilla of old Dr. Jacob Townsend.

Again I notice my old friend Dr. True has a notice that he will furnish small trees of the Ailanthus for \$1 each, so every physician can cure his own fits, which is very kind in the doctor; but were he to attempt to plant any of his Ailanthus trees in my location, he would be arrested and tried for attempting to propagate a nuisance—simply because when in bloom they have the most sickening fragrance of anything on the earth except a cynical turkey buzzard,—therefore I would advise my friends to buy his tinct. instead of his trees if they have any cases of epilepsy on hand.

The drugs *Rhus tox.* *Actea racemosa*, etc., are standard articles, and those made from the green articles are preferable to old drugs, yet they can all be purchased of reliable Eclectic pharmacentists I have no doubt. Recent preparations are not novelties, for we are getting down to hard pan as it regards efficient therapeutic agents.

Every reading medical man ought to have decided as to the efficacy of the remedies, especially of his own school; and practitioners who claim such rare virtues for certain drugs should have some other idea in their minds to make such reports with tabulated cases of cure, than for a mere advertising dodge.

Now I do not make the charge that the reports are entirely selfish, but when you take up your journals and find the authors have the remedies on sale, it looks very strong in the direction of cupidity, and will be taken as a sign and weighed as such.

**Art XXVIII.—Chlorophyll and Medicine.** By J. U. LLOYD, Cincinnati, Ohio.

Everyone has noticed the gradual change in color which a green leaf undergoes as it arrives at maturity and passes into decay. The green color is mostly caused by a substance named chlorophyll which is found disseminated more or less throughout the entire vegetable kingdom. Chlorophyll is soluble in both ether and alcohol, but not in water. It is a compound body, according to Mr. Fremy, it consists of a mixture of blue and of yellow organic coloring materials. If the blue preponderates the color of the leaf is dark green, if the yellow is in large amount, it is light green. The blue coloring matter is not so permanent as the yellow, it decays quicker, frost destroys it sooner, consequently after our plants reach maturity we observe them gradually fade, pass to yellow and finally turn brown. These successive changes in color depend upon the destruction of

the chlorophyll. Those acquainted with the art of mixing paints will understand how nature can produce so great a variety of shades of green with the two primary colors, blue and yellow. Man unconsciously copies after nature in this respect. Our chrome greens are made by mixing prussian blue and chrome yellow together.

Chlorophyll is tasteless, it seems to be inert, at any rate it can be swallowed in large amount without ill effect. It is found throughout almost all the vegetable organic kingdom. The poisonous powerful narcotic plant and the edible cereal are alike bountifully supplied with this pigment which with truthfulness may be called nature's own dye, for it has never been produced artificially.

Chlorophyll will not form away from the light, plants which grow in darkness are white, examples of this fact can be frequently seen in potato sprouts grown in the cellar, or celery which is covered with soil. Although chlorophyll itself is tasteless and inert, its presence under certain circumstances possesses a deep significance. When celery is green, although it may be young, we know it will prove tough and stringy. Experience has taught us that in this instance the production of chlorophyll is accompanied with the growth of woody fibre; that conditions favoring the production of one, contribute alike to the formation of the other; each substance is produced independently. Chlorophyll, which is visible, advises us in this instance of the almost certain existence of woody fibre, but chlorophyll is in no manner connected with this fibre.

Potatoes grown partly upon the surface of the ground, turn green upon the side which is exposed to the sun's rays, the green coloring matter is chlorophyll. Such potatoes are unfit for food; they are acrid and burn the tongue and throat; yet it is not the chlorophyll which imparts the objectionable properties. The light which produces the chlorophyll facilitates the formation of another organic substance which imparts to the green potato its disagreeable taste. Experience has taught us that potatoes of a green color are unhealthy; naturally we have associated color with taste until we have grown to believe that the innocent chlorophyll is the cause of the unpalatable potato.

Although our medicinal plants contain chlorophyll in large amount, there is in one sense no connection between this green coloring matter and the proximate medicinal agent. The chlorophyll of lobelia, belladonna, hyoscyamus, etc., like that of the potato and celery, is formed under the influence of sunlight, which also favors, in a majority of cases, the production of those substances from which the plant derives the power of exerting upon the animal economy its peculiar action. There is no real connection. Conditions which favor the generation of chlorophyll are favorable to the formation of a majority of the active principles of our plants, from which fact we naturally prejudice, arguing that when a plant has arrived at maturity it should be gathered and cured very carefully, so as to preserve the green color. Experience has been our teacher; we have learned that if a plant is allowed to remain in the field until it becomes yellow, it will undoubtedly prove worthless. We have seen decay of chlorophyll almost invariably followed by loss of activity, and have naturally fallen into the error of accrediting this depreciation of quality to the fact that

the green coloring matter was destroyed. In reality the formation of the medicinal principles of our plants has no connection with the green matter; each are secreted independently, and die without regard to the other. However, as certain conditions favor their production, one cause may effect their destruction, and we usually find conditions which destroy the chlorophyll effect the destruction of the medicinal principles.

If the green color of a plant has been destroyed, we may infer its active medicinal principles are lost. Herbs that have moulded, or decayed, or have been exposed to heat, or remained in the field until they have turned brown or yellow, will be found to have lost their medicinal principles. The conditions which favored the creation of chlorophyll gave rise to the woody fibre, and in like manner conditions which destroy chlorophyll destroy the valuable principles of our plants.

---

*Art XXIX.—Diphtheritic Croup.* By Y. H. JONES, M. D., Cadez, Ohio.

In the year of 1860, I was practicing in Loydsville, Ohio, when a disease called Diphtheritic Croup prevailed to an alarming extent. In the treatment of the disease I succeeded far better than my Allopathic friends of the same place. I treated about seven hundred cases with a loss of about three per cent. The disease was very malignant during the first summer, but for the remaining two or three years that it prevailed it was less severe.

Having no books or authority that I could refer to, I had to rely on my judgment. Now what I wish to say is this: That in all cases where the deposits formed in the trachea the patients died, and no physician could save them.

At last I adopted the following treatment, which proved successful.

A young lady was attacked with the disease, the brain becoming affected and delirium setting in. I applied a blister about five inches square to the sternum (upper part,) when I was soon able to peel off the cuticle and apply an irritating plaster to the denuded surface. The patient began to improve from that time, and the next day when I removed the plaster there was a deposit adhering to it as thick as common writing paper. The same treatment was pursued daily, and each day as I removed the plaster there was less and less deposit adhering to it. The patient made a good recovery with such additional treatment as was needed. Now if such treatment would divert the inflammation and deposit to the surface, why not use it in Diphtheria proper? And I had not long to wait for a case. And I pursued the same line of treatment with good success. I have succeeded in every case, except one, where there was croupy cough for thirty-six hours before I was called.

All other cases, if properly treated, will recover in from four to five days; the deposit becoming loosened and detached, can be removed by coughing. I have used emetics with good success in the same disease.

**Art. XXX.—On the Use of Bandages in Hastening Delivery.**

By W. H. DAVIS, M. D., Springfield, Ill.

The use of bandages is not a new thing by any means, but it has been confined to those cases after delivery has been accomplished. The use of pressure was first practiced by an English surgeon, Lawson Tate. In the *British Medical Journal*, June, 1872, he says: "I was summoned hurriedly one morning to see a woman in labor, and attended by a midwife. I found her cold and pulseless, and the bed and floor swimming with blood. It scarce needed an examination to know that the placenta was presenting—the os readily admitting my hand, and the uterus being perfectly flaccid. I at once removed the placenta and by the combined version, easily brought down the feet, but I could get no amount of manipulation to induce contraction of the uterus; and to wait for the action of ergot was to waste time. I therefore passed my left arm under the patient, and my right arm over her, embracing the uterus in a direct parallel with the axis of the brim, interlocking my fingers and spreading them over as large a part of the fundus as possible. In this position, and by external pressure, I imitated normal labor, as one does with the forceps, and soon had the satisfaction of finding the child extruded as far as the shoulders; then with the left hand on the fundus, and the right guiding the child, birth was soon completed."

The same gentleman reports a number of other cases of the same kind, and all of them benefited by pressure with the hands. The use of bandages is far preferable to pressure with the hands. A more steady pressure can be maintained with bandages than with the hand, and greater space of the fundus can be covered, and lastly, the accoucheur can have the free use of his hands for other duties. The bandages will not give way as the hand must under the contraction of the uterus: and as the child sinks into the pelvis the bandage can be tightened up continuously; or if the contractions are sufficient to expel the child, the bandage can be discontinued.

Do not let it be understood that I claim the bandage to be a new thing, for I do not. All I claim is, that I have never seen it recommended as a means to cause contraction, and a consequent expulsion of the child. It has long been used where there is a want of contraction of the uterus after confinement, and is no doubt in many cases a good thing. I have seen cases that could not bear a bandage, because it produced such violent pain.

By the use of bandages irregular contractions can be overcome, and the administration of drugs be avoided to a great extent. It is ascertained by experience that pressure made to any part of the uterus will cause contraction of that organ. A finger placed within the os uteri, and pressure made in any direction, a corresponding pain and contraction will be felt over the same side, and many times we have caused labor to progress more satisfactorily by so doing.

It is further proven that post partum hemorrhage can be arrested by making firm pressure with the hands over the fundus of the uterus—thus causing contraction, and so closing the bleeding uterine vessels.

Applying this principle in practice, and making even but firm pressure with a good bandage over the fundus of the uterus, severe expulsive con-

tractions can be brought on, making a much quicker delivery than would have done had nature been left to do her own work. We meet cases many times where there seems to be a lack of action on the part of the organs of gestation, and by using the bandage on such cases every thing can be made to "work right," without the administration of ergot and other nauseous drugs. In other cases there is pain enough, but the contractions are irregular, and do but little good; now, by applying the bandage all this difficulty can be overcome. I have had cases where the membranes had ruptured, in which the uterus was entirely dormant. One case I call to mind that I attended a year or so ago—Mrs. B., who resides near this city. Arriving at her house late in the afternoon, I was informed that the membranes had ruptured, and the amniotic fluid mostly escaped. Upon examination found the os fully dilated, the head presenting, but, strange as it may appear to many, there were no signs of pains, nor had there been any before or since the escape of the water. I concluded to wait, as my custom had been, but I did so in vain. I made no attempt to do any thing to forward the case—thinking a case that had progressed so far had no need of assistance; and waiting until bedtime, and nothing being done, not even the least contraction or uneasiness being felt, I retired, leaving word that I should be called as soon as the pains came on. I was not called during the night. In the morning every thing being just in the same position, I left for home; returning in the afternoon, with no alteration in the situation. On the third day I came again to the case, and finding no change concluded something must be done. Making a long bandage of a sheet, I put it twice firmly around the body, bringing it well over the fundus of the uterus, and pinning it there. Soon the pains came on, and in half an hour delivery was accomplished to our great satisfaction.

I have treated more than twenty cases with the bandage, and can assure my readers that it is much more satisfactory than my former habit of giving drugs to accomplish the same thing.

---

*Art. XXXI.—Purulent Ophthalmia of Children.* By Dr. H. B. WHITE, M. D., Harlansburg, Pa.

The cause of this troublesome complaint elicits quite contrary opinions among the medical profession, some holding forth the opinion that it is the result of gonorrhea or leucorrhea. This seems to be the opinion of Dr. Durby, of Boston, and others, whilst Dr. Hoag, of Westminster Ophthalmic Hospital, London, criticises this view pretty severely, without giving any very satisfactory proof to the opposite, save in regard to treatment. And here I wish to record my opinion on this very formidable disease. It has been my lot to attend several cases. One or two were very severe, discharging at one time, upon examination, from one-half to one and a half drachms of a purulent matter, thick and of a creamy consistence, not gonorrheal or leucorrheal in character in the least, and these cases followed childbirth always from five to thirty days, and in no case was the mother afflicted with gonorrhea, but a leucorrheal discharge of some character always, either of a scalding or irritating character. The children in pretty nearly every case showed no sign of any disease of

their bodies, save the eye discharging matter, and let it be leucorrhœal or what it may be, it is from some poison being transmitted into the eye of the infant at the time of birth. For this reason one eye may be affected, and by some of this discharge getting into the other eye it will become affected, but with less violence, showing a mitigation of the poison or of its virulence; and by a close observation of this case it will be seen that it is not a blood disease, but is the result of the transmission of a poison from without and not from within as by the blood. But here it may be said that this disease is found in children at other times than immediately following birth; so it may be, and sure it is that this poison may be transmitted to the child from other persons than the mother. One eye may be affected with purulent ophthalmia, and by care avoid the affection of the other; but for want of proper care the discharge may get into the other eye, and according to my observation with less violence than the first one, and so may this matter by a want of proper cleanliness get into the eye of other members of the family, mother, wet nurse, or familiar friend, and in every case with less violence, showing clearly that this poison is by transmission into the eye at birth, the primary cause or the fountain from whence it is derived. And by frequently repeating this poison from one to another subject, it will completely lose its poisonous properties, and in order to produce the disease again, like the vaccine virus, fall back to the udder of the cow, or to the discharge at the birth of a child, and you then have complete purulent ophthalmia. This has been my observation upon this complaint, and whilst I do not profess to be able to give any new light on the subject to the learned physician, therefore we say, to the law and to the testimony.

If we are called to treat a case of this kind I find it always best to make inquiries in regard to the state of the mother, if still living, and if only a few days after birth, I have the mother sponge all the genital parts with a solution of Chlorate of Potash or Permanganate of Potash, also the whole body with tepid water, if her health will allow of it. Also give: Tinct. Macrotys, ℥j. to ʒij.; Tinct. Aconite, xv. to xx. gtt.; Water, ʒiv. M. A teaspoonful every two to four hours. Keep the bowels open, and if need be, I give Quinia Sulph. according to the case. Good diet, with a removing of anything soiled about the bed or body of the mother. Give plenty of good sunlight and air freely to the room, etc. For the child I have it well sponged twice a day with tepid water, and if the body is flabby or soft, child limber, hard to handle, in this case I would add to the bath half an ounce of a decoction of Quercus Alba. For the eye, take Chlorate of Potash, grs. xv.; Soda Boras, grs. xx. to Water, ʒiv.; and wash the eye twice a day with this, after having cleansed it with warm milk and water, leaving a pledget wet with the solution over the eye, being careful to keep it covered from the light; also keep the bowels open every day once or twice. After trying this treatment for some five to ten days, if it does not yield to this course, then I would add to Water, ʒiv., Tinct. Ferri Chlor., xv. gtt., and apply as before, or to Water, ʒiv., Tinct. Opii, x. to xx. gtt.; Sulph. Cupri, gr. v. Apply as before. By so doing I have been able to combat this disease, giving tonics, and making some changes that will always suggest itself to the observing physician.

**Art. XXXII.—Biliary Calculi.** By E. C. BALLARD, M. D., Decatur, Indiana.

About eighteen months ago, I was called to attend Mrs. Hill, a lady of about fifty years of age, who had been suffering for some time from frequent attacks of pain, which she referred to the stomach. The paroxysms came on at irregular intervals, and varied in intensity, sometimes being slight, but frequently very severe. She had been a sufferer from neuralgia for years, and as she had ulceration of the cervix uteri, I inferred that the pain might be dependent upon that. Accordingly I put her upon a tonic course of treatment, and made a local application of Nitrate of Silver to the cervix at various intervals for about four months, which effected a cure of the diseased condition of the uterus, and at the same time diminished the frequency and intensity of the attacks of pain, (or at any rate they did diminish), so that for a time her condition was much improved, and she was able to be up almost all the time.

About four months ago she began to grow worse, and a pear-shaped tumor gradually formed in the region of the gall bladder, which could be distinctly felt through the abdominal walls. The liver also began to enlarge, and it soon became evident that a fatal termination was inevitable.

About the middle of December, jaundice first made its appearance, and progressively increased until her death, which occurred the last of January. A post-mortem was held the day after death, which confirmed my diagnosis, which was concurred in by Dr. Jelleff and Dr. Schrock, who saw her in consultation. The gall bladder was enormously distended, and filled with calculi, sixty-one in number, ranging in size from a beech nut to a large sized hickory nut. The liver was enlarged, nodulated, extensively cirrhotic, and bound by morbid adhesions to all the adjoining viscera. The kidneys, especially the right, somewhat enlarged and softened, and the left iliac region occupied by a moderate sized, multilocular, ovarian tumor. Uterus healthy.

The treatment consisted mainly of tonics and iron, with morphia to control the pain.

**Art. XXXIII.—Centennial Thoughts.** By T. BROCKWAY, M. D., New Britain, Conn.

The present age is one of investigation. The minds of the people begin to awaken to its necessity. Subjects but a few years ago considered the most mysterious and shrouded in impenetrable darkness, begin to show their rich treasures, and the inquiring mind reaches forth for new subjects of investigation.

Superstition and ignorance are fast fading away before the sun of intellectual power. People read and think for themselves. Let us hail this, our Centennial year, with emotions of pleasure, as we look back and see the combinations and circumstances which have contributed to this result. Genius and talent have expended their time and energies to develop truth, and show the errors of men. Advancement has been made

in all branches of science. Great discoveries have been made in the science of medicine. Ignorance has done much, and prejudice more, to keep from the people this knowledge, and the influence which is brought to bear upon the credulity of the people by the so-called Regulars, is to a thinking mind most absurd. The only true test is a trial of relative qualifications of *Old School* and *New*. That point is now at issue, and it does not need a far-seeing eye to determine the sequel. Thousands in all parts of this country, are abandoning Allopathic, or Regular practice of medicine. This fact alone speaks for itself. It is a fact much to be deplored, that there are men that are esteemed as scientific, and even they have few *ideas* of their own, or attempt to advance one, but that which they may have acquired from reading some book. It was the opinion of this or that author, and they receive it as a matter of fact, without investigating for themselves as to its correctness. Such men exercise no opinion of their own, and are guided by their prejudice to such an extent that they suppose it impossible for any information whatever to be derived from any source, but through the acknowledged advocates of their dogmatical oligarchy. Perhaps there never was a more correct remark made than the following, from a distinguished author: "He that will not reason is a knave, he that dare not reason is a slave, and he that can not reason is a fool." Let us use reason at the bedside of the sick. Close observation will enable us to give a correct diagnosis, and prescribe specifically. No more shot-gun doses are needed. One single bullet, and that at the mark.

---

## PERISCOPE.

*Clinical Lecture on Surgical Diagnosis.* By CHRISTOPHER HEATH, F.R.C.S., Holme Professor of Clinical Surgery in University College Hospital.

GENTLEMEN: Many surgical injuries and affections are so obvious that no great skill is required for their recognition; but, on the other hand, similar outward appearances may depend upon very different causes; and it is here that the skill in diagnosis of the surgeon gives him the advantage in prescribing appropriate treatment. Symptoms may be conveniently divided into "objective" and "subjective"; the former being those open to the observation of the surgeon, the latter those experienced only by the patient. It is to the objective symptoms of disease and injury that I propose to direct your attention to-day; for I do not mean, on this occasion, to bring a patient before you, but simply a living model with no special ailment, to illustrate some points in diagnosis.

It must be your great object to cultivate your eye, hand, and ear; and you can not safely omit the use of any one of the three. Practically, one uses, as a rule, the ear first; because you are bound to hear something of the patient's own account of his ailment, in order to know to what part of his frame you are to direct your attention; though you must not put

too much trust in a patient's own account, and still less in his diagnosis of his own malady. Thus, pain referred to the knee frequently depends upon disease of the hip, and pain in the loins from supposed kidney-disease, upon stricture of the urethra. The eye will take in many of the leading features of a case at a glance, such as the general aspect of the patient, his mode of walking or standing, etc.; and, when the affected part is exposed to view, it will in many cases, if sufficiently practiced, complete the diagnosis. Let me warn you, however, against "jumping to conclusions" too rapidly; for those who are foolish enough to pride themselves on rapidity in diagnosis not unfrequently make mistakes which a little more time would have enabled them to correct. You can no more afford to leave out steps when tracing the nature of a case by progressive induction, than you can venture to omit one or more tests when examining a complicated fluid in the chemical laboratory. Lastly comes the hand, which may require to be fitted with various instruments for special purposes; but which, in its simplicity, is the surgeon's most powerful ally if properly educated. The much talked of *tactus eruditus* is to be acquired by all who will take the trouble to practice their fingers in the manipulation of healthy and diseased subjects, and will at the same time use their mental powers. For, of course, no amount of examination of a patient will tell you what is the matter with him, unless you elaborate the facts thus ascertained in a mind which has been trained by previous study to comprehend the importance of the several symptoms; and this is the reason why, at first, beginners must be at a disadvantage, lacking the experience necessary for a clear appreciation of symptoms. You will find, however, that with a little help from the surgeon, you will soon begin to see the "why" and the "wherefore" of diagnosis and treatment; and let me beg of you not to be afraid of asking questions—so long, at least, as the questions are put for the purpose of increasing, and not of displaying, your own amount of information. One pitfall I must just allude to; and that is the tendency to over-elaboration of a diagnosis which besets some men, and seems to stick to them through life. They never can take the plain obvious facts of a case, and from them draw a conclusion; but must dig and delve so deeply that they sometimes get, so to speak, "out of their own depth," and never come up again so far as any utility to the patient in question is concerned. Superficial carelessness is bad; but too great profundity is not much better.

And now I bring before you a man with no special deformity or ailment, in order that I may be able to show you a few noteworthy points which you can readily appreciate at a little distance, and which will assist you in studying disease and injury in the wards. With his back toward us, you have the opportunity of examining a healthy spine; and you may notice that, while the spinous processes are readily visible in the dorsal region (and particularly when the arms are folded), they are not so visible in the lumbar, and still less in the cervical region, where they are covered by muscles and ligaments, the seventh, or *vertebra prominens*, being the only one really seen or felt. Here, in a healthy adult, we have the average anterior and posterior curves in the lumbar and dorsal regions; but you must remember that, in young children, the spine is nearly straight,

while in disease we may have great exaggeration of either curve. Thus, in the back, we find *cyphosis*, or angular curvature, the result of caries of the vertebræ; while in the loins we have *lordosis*, an exaggeration of the healthy curve, and generally connected with old hip-disease. Of the latter, I now place an example before you; and, of the former, there is an instance in No. 1 Ward, in a man whose foot I removed last week.

The model is now standing at "attention," with his knees straight; consequently the two sides of his pelvis are perfectly even; and you see that a tape carried between corresponding points on the two sides is horizontal. Let us now make him "stand at ease," with the left knee bent and foot slightly advanced, and you see that at once the left side of the pelvis is lowered. But this is not all. Corresponding with the obliquity of the pelvis, we have a lateral deviation of the spine to the left in the lumbar region; and if the man could sufficiently relax his muscles at the moment, we should have a curve in the opposite direction—to the right—in the dorsal region. By placing a book beneath the right heel, and thus increasing the obliquity of the pelvis, I aggravate the lumbar curve; or, of course, by tilting the pelvis in the opposite direction, I could throw the spine over to the opposite side. Of course, the same thing holds good if the patient be seated instead of standing; for, by tilting his seat, we are able to produce a marked lumbar and a certain amount of dorsal curve at will. Fortunately, we have here to-day also a case of old hip-disease, in whom the obliquity of the pelvis is well marked, and the resulting twist of the spine better seen than in the healthy subject. You see, then, how important it is in any case of lateral curvature to ascertain whether it depends upon some obliquity of the pelvis (from atrophy of one leg of old hip-disease), or upon other causes; and you also see what effect upon an existing curve may be produced, as has been well pointed out by Mr. Barwell, by raising the side of the pelvis by means of a thickened sole or a sloping seat.

Turning, now, to the neck and shoulder, I pass my finger along the clavicle, which is subcutaneous, and shows its curves well enough in a thin muscular subject. The notch between the clavicles is important in connection with aneurisms of the great vessels of the neck; but the inner end of the bone is very rarely dislocated, except by extreme violence. The outer end of the clavicle is continuous with the acromion process, and I now run the chalk along them; but it may be dislocated (as we have lately seen), and then the flattened end of the bone is readily felt beneath the skin. If I make the man swing his arm round, you will be able to appreciate better than you perhaps have hitherto done the great range of motion in the sterno-clavicular articulation, which, in fact, admits of "circumduction," and has a most important relation to the movements of the arm.

There is no joint, I suppose, about which more mistakes are made than about the shoulder. An "obscure injury about the shoulder" has often damaged a surgeon's reputation, because he has not sufficiently studied the anatomy of the part to be quite sure of his diagnosis and treatment. The chalk-line I have already made marks the bony arch formed by the clavicle and acromion; but you will notice that the head of the humerus

projects beyond this in front, and gives the roundness to the healthy shoulder. There is a hollow immediately behind the head of the humerus and below the prominent acromion; and another in front, to the inner side of the head, in which the coracoid process can be more or less distinctly felt, according to the muscularity of the subject. In the healthy subject, there is just room to lay the finger between the coracoid process and the head of the bone. When the head of the humerus is *dislocated*, the roundness of the shoulder is lost, and the acromion stands out prominently beneath the skin, with a depression below it; while the head can be felt in some unnatural position, and out of its proper relation to the coracoid process. The direction of the whole limb is altered too; so that the patient can not place his hand on the opposite shoulder with the elbow touching the chest-wall, as he can in health. In a *fracture* of the neck of the humerus, the roundness of the shoulder is not lost; but there is a depression below the head, which does not move when the arm is rotated, unless, indeed, the fracture be impacted. The two accidents may be combined; but this is a rare complication.

When I turn the model with his back to you, and make him raise his arm, you will appreciate how important the movements of the scapula are. The deltoid alone can only raise the arm to a right angle with the trunk; and the subsequent elevation of the limb depends upon a rotation of the scapula on the ribs, so that the angle comes forward to the margin of the axilla. The scapula is held in its place by the muscles passing from the spine to its base, and by the serratus magnus. If these be paralyzed, the scapula falls forward, and the power of the arm is greatly lost.

Let us pass on to the elbow. With the forearm bent, you see at once the prominent olecranon process of the ulna. When this is broken off by falls on the elbow, the fragment is drawn up by the triceps, and an interval can be felt between it and the bone, which, however, is rapidly filled up by the effusion immediately following any injury to the elbow-joint. A much more common result of a fall on the elbow, however, is an injury to the bursa which lies between the subcutaneous triangle of the olecranon and the skin. In health, this bursa can not be recognized, except in individuals whose occupation has produced an enlargement of it—a *g.*, miners or sweeps; for though it is technically called the "student's bursa," I must confess to have never seen an enlargement of it due to long poring over medical treatises. When the bursa is inflamed, it causes a swelling over the olecranon, which is evidently quite superficial, and does not mask the general outline of the joint, as would be the case were the effusion in the articulation. You may remember that, last week, a patient with suppuration of this bursa was treated by an early and free incision in Ward 1.

The condyles of the humerus are readily felt in this thin arm; and you will notice that the internal is the more prominent, and stands out beneath the skin. Immediately behind it is the groove in which the ulnar nerve lies, as you may ascertain for yourselves by "twanging" it; and then comes the olecranon, with only just space for the nerve between the bones. This close relation of these two prominent points of bone is of great ser-

vice in the diagnosis of dislocation of the forearm; for, so long as they lie close together, the deformity can not be caused by a dislocation of the ulna. The outer condyle is more rounded; and immediately below it is the head of the radius, which can be felt rotating when the forearm is pronated or supinated. It is not often dislocated, for it is firmly held by ligaments; but it is sometimes thrown forward, and then prevents complete flexion of the forearm, by coming against the front of the lower end of the humerus.

At the wrist, you may notice that the end of the radius is lower down than that of the ulna, and that the styloid processes of both bones are to be felt. Dislocation of the carpus from the radius is rare; but separation of the lower epiphysis of the radius is by no means uncommon in young persons, and is sometimes mistaken for dislocation. The triangular fibro-cartilage which binds the radius and ulna together at the wrist, sometimes becomes displaced in children who are dragged forcibly by the hand, and then the little patient can not supinate the forearm and hand; but if you hold the hand firmly, and then supinate, you hear a slight click, and all is well. It is well always to bear in mind that, in supination, the bones of the forearm are parallel, and in pronation are across one another; so that supination is the posture in which fractured bones of the forearm should be set, although it is convenient, when the bones are firmly held by splints, to turn the thumb upwards—i. e., to place the hand midway between pronation and supination.

In the hand, I need only point out that the superficial palmar arch does not correspond precisely to any one of the lines in the skin of the palm; but its convexity reaches generally to the middle one of the three, while the deep arch is much nearer the wrist. The bifurcation of the digital arteries is between the heads of the metacarpal bones, and about midway between the line to which I have referred and the web of the fingers; so that incisions should always be made in the line of the fingers, and not between them. As you may have, early in your career, to amputate a crushed finger, I would remind you, also, that the prominence of each knuckle is formed by the proximal bone of the articulation; and that the joint through which the knife must pass is below this in every case.

Descending to the groin, you see that the fold of the groin corresponds to Poupart's ligament; and an inguinal hernia is above, while a femoral hernia is below, this line—at least at first. Of course, a large inguinal hernia will descend into the scrotum, and a large femoral hernia may turn up over Poupart's ligament, and closely simulate the inguinal variety. But you ought to have little difficulty in distinguishing them if you will invaginate a piece of scrotum (or labium in the female) on the forefinger, as you see me doing, so as to carry the finger into the external abdominal ring. This will enable you to settle at once whether the protrusion has taken place through the inguinal canal or not. Let me also remind you always to ascertain the presence of two testicles in the scrotum; for an undescended testis may closely resemble a hernia, especially if inflamed.

The pelvis is so firmly bound together that a dislocation of one of the innominate bones can only be produced by extreme violence; but disease

of the sacro-iliac joint is by no means uncommon, though often overlooked; and one leading symptom is lameness, which is erroneously referred to the hip-joint. But if I make the man before us stand on one leg, you will see at once how the whole weight of the body falls upon the corresponding sacro-iliac joint while he is throwing the other leg forward; and it is this which gives rise to the pain, and prevents the walking of a sufferer from sacro-iliac disease. Taking this man, who has a healthy pelvis, I may compress his two innominate bones without giving any pain; but a woman who has recently had a severe labor, and has, perhaps, incipient sacro-iliac mischief, will cry out at any such rough treatment, though the steady support of a good pelvic belt would give her great comfort, and restore her powers of locomotion.

The hip-joint in health is freely movable in all directions, as you see, and independently of the pelvis; but, the moment the joint is inflamed, the muscles instinctively contract, and fix the joint to some extent; and then, when the limb is moved, it carries the pelvis with it. This man's back is naturally more curved than a child's; but even in him, if I make him lie flat on the table, you will see that the thigh can be fully extended without tilting upon the pelvis, and so increasing the curve of the lumbar spine. In a child, whose back is naturally flat on the table, the effect of early hip-disease is readily seen (as I have frequently demonstrated to many of you); for the attempt to bring the thigh down, at once elevates the pelvis, and causes that curvature of the lumbar spine which, in old hip-disease, becomes permanent.

The prominence of the great trochanter will vary in different individuals, according to the muscularity of the buttock and the length of the neck of the femur; and it is important, therefore, to compare the two sides in every case of suspected disease or injury. The head of the femur can be indistinctly felt on deep pressure, either in front of or behind the trochanter; and, in health, the two move together; for if the trochanter can be freely moved by rotating the femur without affecting the head of the bone, it is clear that the neck must be broken. The length of the neck will very much affect the power of rotating the limb; thus, if the neck be shortened, either by an impacted fracture or the absorption of old age, the arc in which the upper part of the thigh moves will be found to be much smaller than in health. When I stretch a tape from the anterior superior spine of the ilium to the tuberosity of the ischium, you see that, in health, it touches the top of the greater trochanter; now, if the bone were dislocated or the neck broken, the trochanter would be above or below this line.

When the knee is extended, you see the patella forming a prominence in front of the femur; but, when the joint is flexed, it sinks into the hollow between the condyles. With the leg fully extended and the muscles relaxed, there is, as you can prove in your own limbs, considerable lateral movement of the patella possible in the healthy joint; and the mistake is sometimes made of attributing this mobility to the presence of synovial effusion. When fluid is poured into the knee-joint, however, not only does the patella float so as to be freely movable in any position of the limb, but the synovial pouches on each side of and above

the patella are distended, and give the characteristic roundness to the knee. If one kneel down on a flat surface, and particularly if the body be bent forward, as in scrubbing a floor, the patella and the bursa between it and the skin are exposed to considerable pressure; and hence the chronic enlargement of the bursa, termed "housemaid's knee," which causes a globular swelling in front of the joint, altogether different from that of effusion. Kneelers on hassocks or foot-boards do not run any risk of the housemaid's fate; for the pressure in their case comes on the tubercle of the tibia, and the bursa between it and the *ligamentum patella* would suffer if the pressure were sufficiently prolonged—but I never met with such a case. In falling with the knee bent, the patella reaches the ground first, and receives the force of the impact, which may simply bruise or cut open the bursa; or if very severe, may "star" the patella itself. The transverse fracture of the bone is produced through the effort of the patient to save himself, by which the greater extensor muscles catch the bone across the condyles, and either break it or rupture the ligament; then the upper fragment is drawn up in front of the femur, and a space is left in which the condyles can be felt, as in a patient recently in the wards.

With the knee flexed, the rounded outlines of the condyles can be readily felt resting on the top of the tibia; and a little distance below the outer condyle can be seen the head of the fibula—which bone, let me remind you, does not enter into the formation of the knee-joint. The existence of the semilunar fibro-cartilages between the femur and tibia is hardly appreciable in health; but their existence must not be forgotten, as occasionally, in violent wrenches of the knee, one of them becomes displaced, giving rise to extreme pain and inability to use the joint, which are most satisfactorily treated (as also are dislocations of the patella) by a little of that judicious violence for which "bone-setters" have a reputation.

At the ankle, we see at once the prominences of the two malleoli, between which the astragalus fits closely when the foot is at right angles to the leg, less so when the foot is pointed; so that, in this position, some amount of lateral movement of the foot is possible. The fibula is altogether posterior to the tibia, and its malleolus is longer than the internal. The lower third of the fibula is subcutaneous, and its fracture (Pott's fracture) is therefore readily recognized. The tendons of the various muscles surround the ankle-joint; but the only one to which I need call your attention is the *tendo-Achillis* at the back, in which, when ruptured, the division is readily both felt and seen. When I flex the knee and point the toes, you can see how completely the muscles of the calf are relaxed; and this is an important point in the treatment of a divided tendon, or of a dislocation of the foot, or oblique fracture of the tibia.

The prominences of the foot are chiefly important as guides to the amputations; thus the tuberosity of the scaphoid on the inner side marks the transverse tarsal joint, or site of Chopart's amputation; whilst the base of the first metatarsal on the inner or prominent fifth metatarsal bone on the outer side, marks the position of Hey's amputation. The metatarso-phalangeal joint of the great toe is not unfrequently diseased

through gout or the pressure of boots which have developed a bunion; and other toes are not unfrequently deformed from the same cause. The only surgical point with regard to the toes that I need mention is that the base of the first phalanx is more expanded and more deeply placed than young operators are apt to imagine.

I have thus run briefly through the more salient points on the living body which it is important for you to recognize thoroughly in health before attempting to treat disease; and, in future lectures, I shall have to direct your attention to matters regarding which the knowledge acquired to-day will be of service in enabling you to recognize deviations from the standard of health.—*British Medical Journal*.

### *Diphtheritic Paralysis.*

Prof. Bouchut, in a Clinical Lecture delivered at the Hospital de Enfants Malades, said he had long been of opinion that the paralyzes observed during the convalescence from diphtheria are a result of anæmia, hydræmia, or "*hypoglobulie*." This is, however, a theory that is open for reconsideration. Others regard them as specific paralyzes—i. e., connected with an infection of the blood by means of a principle derived from the prior disease; thus admitting paralysis caused by a diphtheritic principle, just as a syphilitic paralysis is connected with a syphilitic diathesis. This, too, is only an hypothesis; and if this theory of the paralysis of convalescence is to be admitted, we shall have to distinguish, besides the diphtheritic paralysis, the pneumonic, the typhoid, the scarlatinal, etc., paralyzes—which is inadmissible. It is in another direction that we should seek for the cause of these paralyzes, and especially the diphtheritic, which is the most serious of them all.

This commences by dysphagia of liquids—i. e., with paralysis of the velum, with return of drinks by the nose, and by *nasonnement*. Then come incomplete amaurosis, and paraplegia, which may become ascendant and attack the diaphragm; and sometimes, hemiplegia, strabismus, etc. When the paralysis attacks the respiratory muscles, death is almost certain. There are cases in which, when the paralysis has become thus general, a singular condition of the patient is brought about, characterized by the dislocation of the limbs and the neck. Thus, I had a little girl in my wards, the subject of pharyngeal paralysis and ascending paraplegia, who was reduced to the state of a supple puppet, her head and four extremities falling without support or resistance in the direction of their gravity. When raised, her head fell backwards or to one side, just like that of a corpse. The case now under consideration is a curious one, being that of a little girl four years of age, whose father and brother died of croup at the same time that she was suffering from diphtheria, with two buboes under the angle of the left lower jaw. She was cured, and eight days afterwards she became the subject of *nasonnement*, without the rejection of drinks by the nose. She had convergent strabismus of the left eye, i. e., paralysis of the external ocular motor; an incomplete paralysis of the diaphragm and of the abdominal muscles, which did not contract under the influence of tickling; and a complete right hemiplegia,

extending even to the face, and producing a deviation of the mouth to the left. This is very rare in diphtheritic paralyses, in which we much oftener meet with paraplegia than with hemiplegia. Under the influence of the induced current, quinine, iron, and wine, continued during a month, the strabismus and hemiplegia have disappeared, and the child will be able to leave the hospital cured.

In twenty-two out of twenty-six cases of diphtheritic paralysis, double neuro-retinitis has been met with, characterized by a flattening and reddish diffusion of the papilla, the edges of which are effaced and veiled by a reddish-gray cloudiness. This is the most ordinary appearance, but in other children the retina is rendered opaline around the nerve by what is termed a retinian exudation, but which is only an acute steatosis of the nervous elements of this membrane. The vessels present nothing remarkable. In presence of so many facts establishing the habitual coincidence of different degrees of neuro-retinitis in very severe and extensive diphtheritic paralysis, it is difficult to believe that convalescence and hydræmia are its sole causes. A new problem offers itself for our consideration, and we have to seek whether these paralyses are not the result of changes in the central portions of the nervous system, and what these changes are. From neuritis and neuro-retinitis accompanying disturbances of the nervous system, we must conclude as to the existence of a nervous alteration in the nerve within the cranium as far as its origin, and consecutively a central organic nervous alteration. How is such an alteration brought about in simple or diphtheritic angina? It is the result of an ascending irritation of the pharyngeal nerves, which is transmitted to the mesocephalon at the origin of the glosso-pharyngeal nerve—an irritation which, according to its extent, gains the origin of the neighboring nerves, and redescends by them to the optic nerve—the external oculo-motor, the nerves of the limbs, of the abdomen, or the chest, giving rise to hemiplegia or paraplegia, and paralyzing the diaphragm and the intercostals, so as to diminish respiration and hæmotosis. The same course is observed in wounds of the nerves of the eyebrow emanating from the fifth pair, when the inflammation may redescend the optic nerve, and give rise to hyperæmia of the papilla, to be followed by atrophy and amaurosis. So also, in some dental affections, neuritis of the superior maxillary nerve may be produced.

After adverting to various examples of changes induced in the nervous centres by peripheric lesions, Prof. Bouchut concludes by observing:

"All agree in the most significant manner in the establishment of the organic nature of the diphtheritic paralysis. First, clinical observation shows, in a whole crowd of cases, that peripheric neuritis may extend and mount up to the origin of the nerves in the cerebro-spinal centres; vivisections show the tearing away of nerves followed by central myelitis; the ophthalmoscope habitually reveals a congestive lesion of the optic nerve, and a granulo-fatty retinian peripapillary exudation; and autopsies have shown in some of these cases the existence of lesions of the medulla. This is more than is required to found a firm basis for the doctrine of cerebro-spinal lesions following diphtheria, in preference to the theory of the essential character of diphtheritic paralyses. These results

are of great therapeutical importance. From the moment that we are able to believe in the existence of a congestive neuropathy produced by diphtheria, and inducing paralysis, the indication of tonics becomes formal. Iron, quinine, wine, good nourishment, electrization, and hydropathy are the means to be resorted to with most advantage. Among these, electrization and hydropathy, combined with substantial alimentation, are the most preferable; for quinine and iron, although useful adjuvants, are yet only adjuvants. In the employment of electricity in diphtheritic paralysis the currents by induction are to be used, the continuous currents, so useful in the myogenic or essential paralysis of children, not being here necessary. A feeble current that is easily borne should be directed for from five to ten minutes daily to the velum, the limbs, and other paralyzed organs. Hydropathy also should be employed twice every day, the douches only being continued for a quarter of a minute, so that prompt and complete reaction may be obtained. If the douche be too prolonged, there is no reaction, and the remedy does more harm than good. Alimentation must also be conducted with discrimination; for if there be paralysis of the velum, but little of liquid aliments or drinks should be given, in order to avoid their return by the nose or their penetration into the air-passages. It ought to consist in thick porridge (*potages*), underdone meat, and well-cooked feculent vegetables. Under this treatment it is rare not to find diphtheritic paralysis soon disappearing."—*Gazette des Hopitaux*.

### *Electricity, its Therapeutic Applications.*

The electric force in all forms is a disturbing element, and is therefore unsuited to the conditions in which *rest* is the indication.

It may be assumed that this agent is inapplicable in all cases of recent or acute inflammation. After the subsidence of the acute symptoms, however, this agent may be beneficial. The same is true of friction and vibration. The appreciation of this principle will save some disappointments from the misapplication of the remedy.

Headache from acute inflammation or acute congestion will, according to this principle, be aggravated by electricity. A headache from inanition or *amœmia* will be benefited, and sometimes instantly removed by electricity. A sympathetic headache will be removed by this agent when the sympathetic cause is removed.

A dyspeptic headache will generally prove intractable, because the gastric derangement will defy removal by this agency.

On the other hand, a headache dependent upon defective innervation in the sympathetic, or ganglionic system, will disappear by the electric stimulation of the sympathetic ganglia. In this case it is not necessary to include the brain within the scope of the current.

In the chest "a stitch in the side," or any form of neuralgia is generally benefited, while a true pleurisy is made worse. In doubtful cases, therefore, the behaviour of the agent may be made a means of diagnosis.

In the abdomen, constipation from sluggish muscular action and deficient intestinal secretion is benefited by this agent, while the same symp-

toms resulting from inflammatory action are only made more intense. The intestinal muscles paralyzed by inflammatory congestion are still more congested by the electric stimulus.

In the loins, the condition of lumbago is favorable for the beneficial action of this agent, while a deep-seated inflammation is unfavorable.

In the pelvis, especially in the female, the organs are benefited or injured, according as we comply with this principle, or neglect, or misunderstand it.

A congestion dependent upon local muscular passiveness in the walls of the vessels ought to be benefited, while a true acute or recent inflammation will be aggravated. The practical appreciation of this agent should upon this basis be an aid to diagnosis.

Sciatica follows the rule of lumbago, while an inflammation of a nerve presents a condition unfavorable for the application of electricity.

An exception may be made in the apparent effects of a powerful galvanic current which is capable of producing a benumbing effect, even in an inflammatory condition. In this case, the apparent benefit is temporary, the pain soon becoming as bad as before.

***The Physiological Action of Alcohol.*—By T. LAUDER BRUNTON, M. D., F. R. S.**

Is alcohol a food or a poison? Is it one of the greatest boons ever given to mankind, or one of the greatest curses wherewith they are afflicted? These are questions to which we will receive different answers, according to the circumstances under which they are asked. If we ask the man who has just watched by the bedside of his dearest relation during the crisis of a fever, and seen the parched tongue grow moister, the delirium lessen, the quivering pulse grow stronger and steadier under the influence of alcohol, he will probably tell us that if not a food of the same kind as bread and beef, it is, under certain circumstances, better than either, and a blessing whose greatness can hardly be over-estimated. If, on the other hand, we address ourselves to the squalid wife of a drunken husband, who instead of employing his time in work, and properly spending his evenings, lies in a state of idleness and incapacity for one half the week, and spends the greater part of the wages he receives for the other half in brutalizing himself at a gin-palace, we shall probably hear that it is the greatest curse upon earth, a poison destroying soul and body; and that but for it she would be a happy woman, instead of a trembling slave, living in constant fear of blows or death, her husband would be a respected member of society instead of a brutal coward, and her home a Paradise instead of a Pandemonium.

If we inquire why people drink it at all, the answers we receive are no less contradictory. The negro sweltering under a tropical sun drinks it to cool himself; the London cabman shivering at his stand on a wintry morning drinks it to warm himself; the weary traveler drinks it to strengthen his flagging muscles, and help him onwards to his destination; the literary man drinks it to give subtlety to his intellect, or brilliancy to his wit; the overworked man of business drinks it to rouse him from his

apathy, and give sharpness to his bargains; the gamester quivering with excitement drinks it to steady his trembling hand; and the man or woman broken down by misfortune, and weary of life, drinks it to drown care in temporary oblivion.

Irreconcilable as these answers to our questions may seem, we nevertheless know that they are all more or less true; and, in studying the physiological action of alcohol, our endeavor must be to discover how it is that one drug can produce such opposite effects. This is undoubtedly a difficult task, and one which we can not at present hope to accomplish perfectly. All that we can do is to take the facts we find and arrange them to the best of our ability, trusting to future research for information on those points of which we are now ignorant. In doing this we must bear in mind that alcohol has a threefold action. 1st. Its local action on the skin or mucous membrane with which it comes in contact. 2nd. Its reflex action on other organs, through the sensory nerves of the skin or mucous membranes. 3rd. Its action on the brain, spinal cord, and organs to which it is conveyed by the blood.

The action of alcohol is modified, too, by the degree of concentration in which it is employed, and by the admixture with it of other substances, such as ethers of various kinds, hops, vegetable acids, etc. Thus, if we moisten the skin with pure alcohol, in the form of eau de Cologne, or diluted with its own bulk of water, as brandy, and allow it to dry spontaneously, a decided sensation of cold will be produced; but if we employ it in a still more diluted form, as wine or beer, the cold will be much diminished, or become quite imperceptible. This cooling action is due simply to the volatility of alcohol, which during its evaporation abstracts heat from the skin and cools it down. If pure it evaporates quickly and produces much cold, but if mixed with much water the evaporation of the mixture is too slow to produce any marked result. Any other volatile substance would have a similar effect, although its other actions upon the body might be utterly different from those of alcohol.

And, indeed, we get a very different result from alcohol itself, if, instead of allowing it to evaporate spontaneously, we prevent evaporation altogether by covering the moistened skin with gutta percha tissue. Instead of coolness we get a burning feeling, most intense if we use pure alcohol, or eau de Cologne, less with wine, and imperceptible with beer. We have got rid of the action which alcohol owes to its volatility, and we have brought into play another which it owes to its chemical properties. So long as it could evaporate readily it acted almost entirely on the epidermis, but when evaporation is prevented it soaks through the epithelium and acts on the vascular tissues beneath. This is better seen if, instead of applying the alcohol to the skin, where the epidermis presents a considerable resistance to its passage, we put it into the mouth, where the thinner epithelium offers less obstruction. Almost immediately after its introduction we experience a burning sensation, which increases for a little while, and then gradually diminishes. If we keep it in the mouth long enough, we notice that the mucous membrane changes its character, and becomes whiter, more opaque, and somewhat corrugated. Although the burning feeling appears to be accompanied by an increased flow of blood

to the part, and its disappearance by a diminished flow, yet it is not due to the warmth of blood, for water at a temperature much above that of the blood produces no such feeling in the mouth. Both the sensation of burning, and the visible alteration in the mucous membrane, are due to the action of the alcohol upon the tissues, and we shall better comprehend the nature of this if we compare it with that of other substances. A piece of hot metal, or a solution of corrosive sublimate, will also cause a burning feeling, and an alteration in the mucous membrane, but, instead of being transitory, it will be more or less permanent. Now there is one point in which they all agree, viz. they all coagulate albumen; and the whitened appearance of the mucous membrane of the mouth after brandy has been long applied to it, is no doubt due to the precipitated albumen on the surface obscuring the red color which the circulating blood imparts to the tissues beneath. But there is this great difference between the action of alcohol and that of heat, or of corrosive sublimate. The latter produce permanent coagulation, while the coagulum formed by alcohol readily dissolves again in water, or in the liquids of the body.\* Thus its action is more transient; and, if it is only allowed to act for a short time, its effect is counteracted by the blood which dissolves the albumen as fast as it is coagulated, so that we do not see any opacity of the mucous membrane of the mouth, unless alcohol has been acting on it for a good while. When frequently applied to the skin, and allowed to evaporate, it seems to act on the epithelium and harden it, and thus it is frequently used to prevent the formation of bedsores and cracked nipples.

Most substances which possess the power of coagulating albumen, such as tannin, catechu, kino, logwood, sulphate of copper, sulphate of zinc, &c., act as astringents when taken internally, and even corrosive sublimate, although not usually reckoned among their number, is strongly recommended in some forms of diarrhœa by Professor Sydney Ringer. Alcohol is no exception to the rule, and we all know that a person suffering from an attack of diarrhœa usually flies to the brandy bottle for relief before he thinks of consulting a medical man. We know too little about the action of astringents to say positively that alcohol owes its efficacy in this respect to its power of coagulating albumen, but we certainly can say that this properly appears to be the only one it possesses in common with catechu and kino.

The simple experiment of putting a little brandy in the mouth is instructive not only by showing us the local changes which alcohol produces in the mucous membrane, but by reminding us of the second kind of action which alcohol exerts, viz. reflexly through the nervous system. At the same time that the burning is felt, the saliva begins to flow copiously into the mouth. The alcohol has not come in contact with the salivary glands at all, but through the sensory nerves of the mouth it has acted on the nervous centres and through them upon the vessels and secreting cells of the gland. If we swallow the brandy instead of ejecting it, the feeling of

---

\*The coagulation of albuminous fluids by alcohol seems due in the first instance to the simple abstraction of water, and when this is again added, they re-dissolve. If the alcohol acts for a long time upon them, however, their constitution seems to undergo a change, and they become insoluble in water.

warmth which we experience along the course of the œsophagus and in the stomach itself, informs us that it acts on the mucous membrane of these organs in the same way as on that of the mouth. So far as I am aware, we are at present ignorant of the reflex actions which alcohol exerts through the mucous membrane of the œsophagus, but those which it produces through the stomach are of great importance. First of all come those which concern the secretions and movements of the stomach itself. When the stomach is empty its mucous membrane as seen through a gastric fistula is pale and only covered with a little mucus. If a little alcohol is now introduced the blood vessels of the mucous membrane dilate and it becomes of a rosy red color, its glands begin to secrete copiously, beads of gastric juice stand upon its surface, become larger and larger until they can no longer preserve their form, when they coalesce and run down together in a little stream.

Now every slight stimulation of the stomach seems to be felt as appetite, and thus we find that substances having the most diverse properties induce a desire for food. Alcohol does this in a marked degree, and a nip of brandy is very frequently taken as an appetizer. But appetite seems really to be only an expression of slight uneasiness on the part of the stomach. It can not distinguish sensations like the mouth, and alcohol which on the tongue causes burning, quassia which causes bitterness, and minute doses of arsenic or tartar emetic which would cause congestion if they stayed in the mouth as they do in the stomach, all cause appetite. Perhaps they do this only by exciting a certain amount of congestion in it, for food itself causes the vessels of the mucous membrane to dilate and its glands to secrete in the same way as we have described after the injection of alcohol, and we all know that a person who begins a meal with no appetite at all often eats with zest after the first bite, and finishes with astonishment at the amount he has consumed. But if the irritation is too strong the whole condition becomes changed. The mucous membrane loses its rosy hue and becomes pale, the secretion of gastric juice ceases while that of a slimy mucus is increased, appetite disappears and is replaced by nausea, and finally vomiting occurs. This change is often clearly seen in a so-called bilious attack, where the irritation of the stomach first manifests itself as an abnormal craving for food, which gives place as the irritation increases to nausea and vomiting.

Now the amount of irritation necessary to produce these totally different conditions of increased secretion with appetite and diminished secretion with nausea varies in different stomachs, and in the same stomach under different conditions. If the stomach is sensitive an irritation will cause nausea which would only produce appetite if it were less irritable, and *vice versa*, a sluggish stomach will be benefited by an amount of irritation which one normally sensitive could not bear. Thus we know that in some cases articles of food, such as lobster, which in normal stomachs frequently cause indigestion and nausea, are readily digested while ordinary food is not digested. The stimulus which an ordinary diet gives to the stomach seems here to be insufficient to excite the secretion of gastric juice, while the more irritating substances do so and are digested instead of causing over-irritation and vomiting as in the normal condition. But if this ex-

planation be correct, how is it that we take a glass of spirits with our lobster "to digest it?" Is not this adding fuel to fire and increasing the irritating effect of the lobster on the stomach by that of the alcohol? By no means—the fibres of lobster are probably in themselves no more irritating than fibres of beef, but only less soluble in gastric juice, so that they retain their form and hardness instead of being reduced to a pulp, and by thus exerting, for a longer time, a mechanical irritating action upon the stomach, they produce nausea and indigestion, not immediately after they have been swallowed, but in the course of some hours. If, however, an increased secretion of gastric juice be produced by means of a glass of spirits swallowed at the same time with the lobster, we may expect that digestion will take place more rapidly, the fibres will be dissolved, and the prolapsed irritation of the stomach being avoided no nausea will ensue.

If insufficient stimulation of the stomach then does not induce a flow of gastric juice and if excessive stimulation causes nausea, under what circumstances is alcohol likely to be useful? Healthy stomachs with ordinary food do not require it, although in small quantities it may do little harm, and as an adjunct to lobster may be positively beneficial. A large quantity, however, is certain to be injurious. Moreover if regularly used, even in small quantities, the stomach may become habituated to it, and refuse to respond to the stimulus of food alone, unless supported by that of alcohol. The case is different when we have to deal with a stomach whose sensibility is below par, either permanently or temporarily. In patients convalescent from an acute illness, or weak delicate anæmic persons, the food does not sufficiently stimulate the weakened stomach, the secretion of gastric juice is small, and the meal lies for a long time like a weight at the epigastrium. The same is the case with the merchant, the lawyer, or the doctor, who comes home from his counting-house, his office, or his rounds, and sinks exhausted into his easy chair, weary and worn out by a long day's work. In such cases the diminished sensibility of the stomach must be compensated by an extra stimulus, and the glass of sherry which to a healthy person not exhausted by over fatigue would be superfluous, will in them restore the normal equilibrium and quicken the otherwise slow and imperfect digestion.

I do not mean to discuss the wisdom of these men's conduct in thus exhausting their energies, or the question how long such a course can be pursued without ending in an utter breakdown, for it is in many instances sheer necessity which drives them to it, and no remonstrance or warning is of any use. But I would say a word about the amount of stimulants to be employed and the probable effect of excess on the stomach itself. Not only does the sensibility of the mucous membrane become blunted so that it no longer secretes gastric juice in proper quantities when stimulated by food alone, but it secretes mucous in large quantities, and this not only impedes digestion, but facilitates fermentation, by which various injurious substances are formed. Amongst these may be mentioned butyric acid which causes an acrid burning sensation in the stomach itself, and may, according to Otto Weber and Senator, be absorbed into the blood and there act as a nerve poison, still farther reducing the business capacities of the unfortunate patient, which may already have been sadly diminished by over-work and inability to assimilate proper nourishment.

While then it may be very beneficial to take a moderate quantity of alcohol with meals, an excessive amount will be injurious to the stomach itself, not to mention its action on the nervous system.

In connection with this power of the stomach to adapt itself to the stimulus it ordinarily receives, I may mention that in one part of the Austrian empire the peasantry live almost exclusively on a mixture of oatmeal and water which is allowed to ferment and become sour. Although this diet would in all probability so irritate the alimentary canal of any ordinary person as to produce vomiting and diarrhoea, these people thrive upon it and are very strong and healthy. When the young men, however, enter the emperor's army, and come to Vienna, where they get well-cooked food, they nearly all suffer from indigestion, lose flesh, and become weak and ailing—exactly the contrary of what one would have expected. Of course various explanations may be given of this fact, but I am inclined to believe that the indigestion is due to the well-cooked food being less irritating than the sour meal, and not sufficiently stimulating to the stomach and intestines accustomed to the other.

Alcohol taken into the stomach increases the movements of the organ as well as its secretion, and by mixing its contents more thoroughly with the gastric juice accelerates digestion. At the same time it causes expulsion of gases, and a little brandy is one of the carminatives most commonly employed by those who suffer from flatulence. But in this respect also the stomach after a little while becomes accustomed to the stimulus, and those habituated to the excessive use of alcohol not only suffer from flatulence due to the processes of fermentation already mentioned, but are less readily relieved by the usual remedies.

---

## EDITORIAL.

---

### *Bloodletting.*

Among the older antiphlogistic means bloodletting held a prominent position; indeed, it was claimed to be *sine qua non* in the treatment of inflammations and fevers. Recently we have had intimations of a revival of the practice, and it is well for us to get the thing fairly before us, and think of it.

I can recall, in my own experience, the palmy days of bloodletting. A time when the *lancet* was carried constantly in the physician's pocket, and its use was nearly as common as purgation is to-day. In almost every house you would find the "blood bowl," as in nearly every house you would find a wooden bottomed chair with a large hole cut through it, and conveniences below for the reception of a vessel. People were bled in the Spring to prevent disease, just as they had a thorough cleaning out with physic for the same purpose, and took sassafras or other teas to purify the blood.

Sickness was quite a serious matter in those days (it has not ceased to be serious yet under some practitioners), and ten to twenty per cent. of mortality would have been thought successful practice. I recall the reg-

ular routine as if it was but yesterday. Set the patient up in a chair, cord his arm, have the bowl ready, a folded piece of cotton cloth to apply to the wound, and a bandage. Click goes the lance, and the warm, red current spins from the wound, a little upwards so as to describe a curve, and is caught in the wide-topped bleeding bowl. For two or three minutes all goes well, the vessel is filling up, when the patient growing a little pale, he is told to look away from the blood; but sharp, the doctor says—"catch his head," and quick as thought he elaps his compress on the orifice, passes the bandage deftly around so as to secure it, pins it, and—we *carry* the patient to bed. The operation is well done, is nice and cleanly, no bad smell, and no recurrence, unless the physician chooses.

This was bloodletting in the olden time, and it was claimed that it removed the inflammatory element from the blood, removed irritation and pain, and placed the patient in such condition that recovery was possible. Why should any object to so good a practice, especially as it was supported by most eminent authority?

Now comes the argument. "The life of the man is his blood"—this is good Scripture, "and if you take a man's blood, you take his life." Again, the red corpuscles are highly organized bodies, requiring time and vital force for their development—*ergo*, "in drawing blood from a man," you take that in a moment which it will require weeks to remedy. Lastly, experience shows that as a man is blooded, he loses strength, he loses activity, he loses life, *ergo*, as a man has not too much strength, activity and life, bloodletting is a bad thing.

There was an old argument in favor of bloodletting, that held good for a great many years, and received the support of the wisest (and that was not saying much) of the medical profession. It was, that fibrin was an inflammatory element in the blood, and when increased in quantity would give rise to inflammations and fevers. Sir Marshall Hall gravely proposed that patients should "be let blood" as a means of diagnosis—to determine the amount of fibrin—and if this was found to be increased, then they should be "blooded" as a means of cure. Majendie took the wind out of the fibrin doctrine, by showing that the proportion of fibrin was increased each successive bloodletting, and still worse, that the largest proportion of fibrin was found in disease of marked asthenia, or anæmia.

There is no doubt about all of this; as has been remarked of some other things—"it has become a fact of history." Our Old School friends must have been fearfully ignorant, bigoted, wicked, in following the practice so long, and these modern advocates of bloodletting, what language is strong enough to express our feelings for them?

Now give me your ears. We will see if we have not had some sinning in our ranks, and if *our* sinners have not been off of the very same piece. When I attended (Eclectic) lectures, we heard considerable about substitutes for bloodletting, as we did about substitutes for calomel and tartar-emetic. Our Professor of Materia Medica showed how we could deplete the blood vessels by the "judicious use of cathartics, and obtain all the good effects of the lancet, without any of the unpleasant results; we would not take the red corpuscles with a cathartic. Our Professor of Physiology labored to show how we could obtain the "good effects" of

bloodletting by hæmorrhage (opening the extremities), and when we had obtained the desired result we would let the blood pass back into the general circulation again—"the boy would eat his cake and keep it." All these were most excellent arguments, and served to keep "our memories green."

But there was a *sub* to this thing, that no one dwelt upon, and that is this, *that the blood may be drawn through the excretory organs as well as by the lancet, and that the result is impairment of the life.* Recollect that you have already agreed that bloodletting was bad in its every result, directly sapping the life of the individual, and increasing the duration and mortality of disease. Now I want to show you how you let blood, and I want the confession that this increases the duration and mortality of disease. If any one doubts the truth of the statements, let him prove it by experiment—on his own person.

Our old Professor of Materia Medica said truly that "he could deplete the bloodvessels as certainly and to as great an extent with cathartics, as the Old School could with the lancet." I have seen it done for thirty years, and am entirely satisfied; I have not only seen it as practiced upon the sick, but I have felt it on my own person—as an ancient historian wrote—"all of which I saw and part of which I was." One has difficulty in learning some of these things upon the sick—they are already feeble, and they already feel bad, and we attribute all other feebleness and suffering to the disease, not to the medicine.

If you don't believe it, try it upon yourself. I think it would be a most instructive lesson to try it on yourself at any rate. Take any cathartic that you have a fancy for, to the extent of five or six evacuations a day, and keep it up for a week or ten days, and see how you will come out—or rather how you will keep in. It will take your strength, your flesh, your blood, your appetite, your functions of all kinds, just as certainly as a bloodletting, and you will be able to realize the influence of similar catharsis on the sick.

Have you ever employed the old-fashioned "spirit vapor-bath"? If you have, you have seen both the present and after effects of a bloodletting. I have had patients *carried* to bed from the chair because they were so faint they could not walk. They will sit in "their own juice," not water, but an albuminoid material of pretty nearly the consistence of blood. And when they recover they will be as pale and hollow-eyed as ghosts.

I "timed" the action of the Turkish bath once, and it was astonishing. In three weeks we let a man of 187 pounds down to 153, and we could have let him down to the weight of his skin and bones if we had not fed him well all the time. One has but to watch the action of these stronger diaphoretic means, to see their close relationship to bloodletting.

One of the worst symptoms we can have in disease is diarrhoea. Take a case of pneumonia with diarrhoea, and the chances are against your patient; he will certainly die if you do not check it. Take a case of measles, and diarrhoea is one of the most unpleasant features, and the prospect is good for an early funeral. Take any disease you please, and you will find that a natural diarrhoea takes the life rapidly. I believe that an artificial diarrhoea from medicine does the very same thing.

One of the most unpleasant fevers we have to treat is a "sweating fever." One of the severest forms of rheumatism is a "sweating rheumatism." We sometimes find cases in which, after the disease has progressed for some time, the skin becomes debilitated, and the patient sweats profusely. This is always exhausting, and always unpleasant.

I have selected this subject because it offers a good field for thought. I have taken up Old School bloodletting as the theme, in order that having our prejudices enlisted, we might commence to think right, and get a good idea of some of the unpleasantnesses of our own practice. We want to be able to realize that we may draw blood by *bowels, skin and kidneys*, as well as by the lancet.

---

### *The Action of Remedies.*

Some persons seem to think that we should be able to explain *how* remedies act in the cure of disease, and the question is frequently asked about some of the new remedies—"how do they act." The same thing is shown in a different form by non-believers in small doses, by the exclamation—"I don't see *how* they act;" assuming that they do see *how* the large doses of the common medicines act.

Now I confess that I can not explain *how* remedies act in the cure of disease, and I do not think it necessary that we should know. Sufficient for us if we know the fact that they have a definite and certain action in definite and certain conditions of disease. If we are able, on examination of the sick, and our knowledge of drugs, to determine a definite relation between the disease and the remedy, we should be satisfied.

To illustrate, we may first take the well known animal poisons, the virus of the rattlesnake, the virus of the mad dog, and the virus of smallpox. They are all protein bodies, containing the very same elements as the food we take for dinner, or the tissues that cover our bones; and give them the same fluidity, neither your chemist nor your microscopist could detect a difference in them. Yet the first destroys the life of the blood in a brief period of time; the second expends its influence upon the nerve centres, and surely though slowly destroys; whilst the third develops a similar poison, and is expelled by the pustular eruption upon the skin. We know the simple facts by observation, can we tell *how*?

Let us take the two alkaloids, Morphia and Quinia, as an example. Our chemist will tell us, that they are formed of the same inorganic elements, in very nearly the same proportions (Morphia  $C_{17}, H_{15}, NO_2$ ; Quinia  $C_{20}, H_{25}, N_2, O_5$ ). Can any one by looking at the constituents tell why or how the one influences the brain to produce sleep, and the other to give strength, and to antidote the malarial poison? We know the simple facts by observation, that they do act in this way, and by care we may determine the disease in which they will cure, but the *how* and *why* is just as far beyond us as it was the first day they were employed in medicine.

Supposing we take Podophyllin of the class cathartic, Eupatorium of the class diuretic, Asclepias of the class diaphoretic, and Ipecac of the class emetic, can you tell why or how these act on the special parts, and in these special ways? You can not, though you have witnessed this

action for years, and have learned when it will prove curative. All that we know is that these drugs have an elective affinity for these parts or organs, and that they act in a definite manner.

You say then (possibly) that there can be no science of medicine, as we can not even tell how the simplest remedy acts (?) Let us see about this. We have a science of Botany, which is deemed quite perfect, and worthy the name. What does it consist of? Of nothing but a series of observations which has determined a relation between plants, and has classified them in genera and species, according to the structure of leaves and flowers. But no man pretends to know how or why the materials of which the plants are composed, group themselves in these forms. We know the fact of plant life, but the *how* we never shall know. We have a science of Astronomy, and it has attained a perfection that would have astonished the wise men of the olden time. The astronomer calculates the orbits of sun, planets, satellites, stars; determines their magnitude, their distance, their density, weighs them, and gives you the number of pounds; and the chemist will by the aid of the spectroscope, give you the elements that enter into their composition. But he will not tell you whence they came, how they came, or why they came.

There is a point beyond which human observation and human thought can not go, and this point in medicine is reached when we have faithfully observed the phenomena of disease, the action of remedies, and determined the relation between the one and the other. *How* the remedies act to cure disease we do not know and can not know, and it is of far less importance to us than the simple fact that they will cure.

I could not give a plausible guess why a few doses of triturated charcoal, not a grain in all, should check a severe hemorrhage. And yet I know the fact as well as I know that the sun rose this morning. As an example—Thomas French, a man weighing over 200 pounds, stout and full blooded, came to me complaining that he was having repeated hemorrhages from the nose that was rapidly exhausting him. It had been going on for some days, and the means employed had utterly failed. His face was pallid, the pulse soft and weak, extremities cold. I gave him ten grains of triturated charcoal to be taken in grain doses every three hours. There were three ineffectual efforts at hemorrhage after commencing the powders, but it was effectually stopped the second day. Now if this was but a single case, we would think but little of it, but I have repeated it scores of times with the same result.

Can you tell me how or why Belladonna relieves congestion of the brain? I know the fact that it does cause contraction of capillary blood-vessels, because I have seen it, as Brown-Sequard did, in the field of the microscope, and I have seen it as he did not, hundreds of times in the relief of the unpleasant symptoms showing congestion in disease. I know the fact, but I do not know how or why.

I know that Rhus, in very small doses will cure most serious diseases, and that it will give relief in a very short time. I can point out the cases, and can tell another how he may know them, but I do not know how it acts, and never expect to.

I know the fact, that the most minute dose of Graphitis will restore the

reproductive function in women, and act as a "blood-maker" so rapidly that her cheeks will have a rosy flush in a few days, and her strength will be so increased as to enable her to take active exercise, when she has before been hardly able to get from room to room. All that she has taken of the medicine you could put in your eye without endangering the sight. I can point you out the case in which the remedy will prove curative, but I can not tell you *how* it acts.

Now let me ask a question. Which is the most profitable to you, to theorize on *how* a drug acts, or to describe to you the symptoms of disease which show where it will cure?

---

### *Frightened at Homœopathy.*

I notice that our Eclectic exchanges are still trying to get up a scare by shaking the shadow of Homœopathy, and crying "don't you see it?" It is a little game they play for their own advantage, thinking that prejudice may cause people to purchase their old and feeble wares. As they have had enough of Dr. Scudder, they tried Dr. Taylor, but as he failed to "pan out" to their satisfaction they are now shaking Dr. Ingalls.

I do not think our readers are so afflicted with prejudice, that they can be taken in this way. We profess to take truth from all sources, "to prove all things, and hold fast that which is good." We are quite as willing to examine Homœopathy as Allopathy, and take a truth from one as soon as the other. We do not fear that any one will run off with our ability to "observe, compare, reflect," and do not think it necessary to shut ourselves up in our shells, or cover ourselves up with the fathers, for fear some journal writer will run off with us.

Supposing a writer does recommend the sixth or the tenth dilution or attenuation; it is not *strong* enough to frighten any one. We are not obliged to take it, or prescribe it, or even to test it. If we choose to test it, we can not do very much harm (and that is more than can be said for some Old School remedies that are tried), and if it does no good, we may learn something by watching the natural progress of disease.

In one respect it will do good. The man who experiments will observe and will think; the man who observes and thinks will learn something, and that is more than can be said of one who follows the old treadmill routine.

---

### *Certainty in the Action of Medicine.*

What we want now, is not a discussion of dose, or of kind in medicine, but how can we have certainty in the curative action of remedies. It is not—will Podophyllin purge? but what conditions will Podophyllin cure. It is not that Lobelia will produce emesis, and emetics have been "used with advantage," but what conditions of disease will Lobelia cure.

We have determined to our satisfaction that *names* of disease have but little to do with it, and that the ordinary methods of diagnosis to attach one of the many nosological names is no guide to the administration of medicines. And we have learned that disease may be analyzed, and

divided into its elements, and that these may be studied in their varying combinations, and that they may be treated as they are studied.

We have learned that disease has definite expressions, and that these have a definite relation to the action of drugs. If one learns this relation, he may expect certainty in the action of remedies, indeed he may expect to find that drugs will prove remedies.

The effort of the regular profession to-day is to add to the number of named diseases, and to determine them by their pathological character—change of structure. Thus in the new *Cyclopedia of the Practice of Medicine* by Prof. Ziemssen, Vol. V., is a long and exhaustive article on "croupous pneumonia," diagnosed by the scalpel, but scarcely in any other way by the practitioner at large. When this treatise has been read, the physician is just as wise as he was before, for not a single new remedy or method is recommended for its cure. Indeed these learned physicians are noted for their absurd prescriptions, and in practice for the unusual fatality of their treatment. Thus Dr. Juergensen prescribes Quinine in this disease in doses of from thirty to seventy grains at a dose—fifteen grains as a dose for a child one year old.

I think it will be conceded that our method of study is the most profitable. In place of making the study of disease more complex, by making the many combinations of simple elements of disease necessary studies, we propose to study the elements themselves. In place of devising a routine of treatment for each of such combinations that we are able to name, we propose to treat the individual elements of which it is composed.

### *Chronic Nasal Catarrh—Elena.*

"Dear Doctor, will you be kind enough to give us the therapeutics of chronic nasal catarrh, in an early number of the *Journal*, or, if it is written up in any previous number, send it to me?"

I find this among other inquiries on my file, and as it repeats a number of others I will endeavor to answer it. It will be noticed that the author does not inquire about the "pathology," the causes, the history, or the diagnosis of "chronic nasal catarrh," he wants the therapeutics. It may seem a little singular, but this is the common want. Inquiries are almost invariably in regard to "what will cure."

This inquirer, I have no doubt, recognizes the fact that the cure of chronic inflammations depends upon a restoration of the general health, if it is impaired. He will also concede that the wrongs of the general health will vary very greatly in character in different cases, and that we can not possibly have a general treatment adapted to all cases. It will not do to say—"give Scrofulous Syrup," "Compound Syrup of Stillingia," or "Scudder's Alternative." Each case requires a thorough analysis, and we do in each case what we can see needs doing.

I would like to impress upon the mind of the reader the necessity of this general treatment in many cases. It sometimes seems more important than the local means, and will sometimes cure the disease without a single local application. I recall a case in which there were marked indications for Rhus. The pulse was sharp, the tongue reddened at tip, the

patient suffered severe frontal pain, the eyes burned, and the nose on the outside would sometimes look as if on fire. The lady had the same burning in the vagina, and a most unpleasant ichorous discharge. She had suffered from catarrh for years, and it was cured with Rhus alone. This is a rare case, and I only name it, to bring forward and put in a clear light, the necessity of the right general treatment.

The rule is, *whatever remedy may be indicated by the symptoms, should be given*, no matter how foreign it may seem to the treatment of a nasal catarrh.

Now it is quite as true, that no one local means will effect a cure, or even give relief in all cases. There are different local remedies, as well as different general ones, and unfortunately we are not able to select the local means as well as the general ones because we have not studied the local expression of disease so well. It will be better, therefore, to give them in a purely empirical way, taking the best first.

I think that Salicylic Acid with Borax, is very decidedly the best of the local remedies, and will fit a larger number of cases than any other. I usually order it in the proportion of ten grains of each to four ounces of water. It might be used with the nasal douche, but I prefer the air spray apparatus, the fluid being thus minutely divided, and brought in contact with every part of the diseased surface.

The single hand-bulb spray apparatus manufactured by the Essex Co., and sold for \$2.00, will answer the purpose well. It has a nickel plated spray tube, and is thus not nearly so liable to breakage. Codman & Shurtliff make an excellent double-bulb spray apparatus for \$3.50. Which-ever is used, the patient must be instructed how to use it, making the inspiration at such times, and in such way as to carry the spray backwards so as to reach the entirety of the disease. About one-fourth the quantity that the spray-bottle contains will be the amount necessary at a sitting, and it should be used twice a day.

I have used the Penthorum with excellent results, but as it is not in the market, we will have to take some other. The Grindelia promises well. I have used it in the strength of one part of the tincture to nine of water, making the application to the nasal cavities with the spray apparatus. I am testing the Euphorbia Hypericifolia in these cases, in about the same strength, and it promises well.

These are the new means, and they have given better results than the old. If the reader wants to learn the old, let him turn to my practice, and it will tell him of the external application of Aconite—which is good; of the use of salt-water by the nasal douche—also good; of the use of Podophyllin, Sanguinaria, Chlorate of Potash, etc., etc.

---

### **Catarrhal Fever.**

Catarrhal fever is prevailing to a considerable extent since the first of the year, and in many cases is quite severe, showing typhoid symptoms. In the simplest forms it commences as a "bad cold," with fullness of the nasal mucous membrane, sore throat, and some cough. The pulse increases in frequency, and the temperature rises, and by the second day the patient is quite sick. In some cases the soreness of the throat is the

prominent feature; doctors diagnose it diphtheria, cynanche maligna, tonsillitis or quinsy (the tonsils being markedly enlarged); or the cough is so persistent and severe, that they call it bronchitis; or being short and hacking and the sputa slightly colored with dark blood, they call it pneumonia; or giving some pleuritic pain, they call it pleurisy or pleuro-pneumonia. There are cases in which the stomach seems prominently affected; in others there is an inclination to mucous diarrhoea or dysentery; and in still others the abdominal lesion is only marked by the soreness and pain, and tenderness on pressure over the abdomen. I have seen two cases, occurring at the time of the menstrual period, in which the ovaries and uterus seemed to be the seat of the disease.

The reader will notice that the fever is inclined to localize itself in a sub-acute inflammation of mucous membranes, in some cases involving the serous membranes. If improperly treated, the local disease is inclined to persist. I have seen a number of cases of irritative cough, the result of this fever. It is inclined to leave a relaxed and irritable throat; in some sections it will give chronic conjunctivitis; inflammation of the external auditory meatus and middle ear is quite common with it, and it will leave chronic diseases of these parts.

Some of the cases show marked typhoid symptoms from the commencement, and I have known of several deaths from what has been called "typhoid fever," but which certainly was the disease under consideration. In one the young man died on the seventh day, the marked feature of the disease being an inclination to, and at last, paralysis. I have had two marked cases in my practice, in which there was great prostration, putrescent odor, and the dusky purple coloration of parts pressed upon, showing marked impairment of the capillary circulation, and of the blood.

The diagnostic features of catarrhal fever, in all its forms is, the soft, open pulse, unless Quinine has been used, the moist tongue, and the skin that does not show constriction and dryness. The bowels are usually constipated, as in other acute disease, but the urine is moderately free. The pulse is usually small and frequent, in some cases being the characteristic sharp stroke that calls for Rhus; in others where there is an irritative cough and pleuritic pain, it is steady and vibratile, rarely hard.

I have treated my cases with Aconite as a sedative; adding Rhus, for the sharp pulse, frontal pain, and reddened papillæ at the tip of the tongue. Rhus has also been the strong remedy for the sore throat—showing as it does a vivid redness, and little tendency to ulceration. Bryonia with Aconite for the cough and pleuritic pain. Baptisia is the remedy for the typhoid symptoms; and the dusky purplish hue of parts that have been pressed upon, is one of the strongest indications for its use.

I have had cases with the most intense pain—pleuritic, frontal, in the ear, in the throat—but have found no occasion to use a narcotic. In one case, I substituted Veratrum and Bryonia for Aconite and Rhus, thinking to arrest the progress of a pleuro-pneumonia quicker, and the result was an increase of pain and unpleasantness, that caused the people to change physicians, though there was not a single element of danger.

If I had given a sixth of a grain of morphia instead, I should have kept my patient, so I would if I had continued the Aconite and Rhua.

The Baptisia has a most wonderful action in the cases where indicated. I have seen it so change the character of this disease, in a single twenty-four hours, that what seemed to be a case likely to give trouble, was speedily relieved of unpleasant symptoms. By-the-by, Prof. Locke has been using the Baptisia in the treatment of small-pox with most marked success, curing the disease in children who had not been vaccinated, when similar cases under the ordinary treatment were pretty uniformly fatal.

### *The New Family Practice.*

The new Family Practice gives good satisfaction, and I feel confident that physicians will find two or three copies in a neighborhood an aid to their practice—not that it will lead persons to take medicine, and make themselves sick, but it will enable them to get an intelligible idea of disease and its treatment, and will enable them to select their physician with some reference to the methods of treatment likely to be employed; and I think it will put our Eclectic Practice in a fair light.

We still propose to send the Journal for one year, and three copies of the Family Practice by express, for \$10, or by mail, we paying postage, for \$11.

### *"Profuse, Transparent, Acrid Leucorrhœa Running down to the Heels."*

When medical colleges have exhausted the ordinary methods of bragging, they print long lists of questions which are said to have formed the examinations for graduation. We are having a diarrhœa of such questions in the medical journals at the present time, and to one who knows the average amount of capacity in professors and students in some of these colleges, it is most ludicrous. Our old-school friends of this city commenced it two years ago; last year quite a number of them showed their paces, and this year the Homœopaths and a small Eclectic take up the song. (And, by-the-by, our Eclectic friend will find himself so far in the rear that he will probably not repeat it.)

Of all these, our Homœopathic neighbor of Chicago has the lead. The heading of this article is a "sample brick" of over two hundred questions asked the candidates. The learned professor wants to know, "What remedy has the characteristic—profuse, transparent, acrid leucorrhœa, running down to the heels?" "Down to the heels" is poetical, and a woman with "leucorrhœa down to the heels" is doubtless a very common case in Chicago—they have almost every thing down to the heels in that latitude.

Another of these learned men wants to know the difference between "antelactasis and bronchiactasis," and the student doubtless echoed *antelactases*. Give us "Red sand in the urine," "Stools hard as if burnt," "Sensations of a splinter in the throat," "Pointed objects seem to have a double point," but do not, if you love us, get in so many big words.

**Another Phase of Catarrhal Fever.**

NEW TROY, MICH., March 4, 1876.

There is a disease prevailing in this section (South-western Michigan), which has a tendency to assume an epidemic form, and is prevailing extensively within the scope of my observation and practice. The disease first makes itself known by wandering pain in the region of the stomach, which is followed by loss of appetite and a general derangement of the digestive apparatus, together with an increased action of the circulation, which continues to increase in severity from three to five days, when the intestines become involved, and the abdomen distended so as to cause great pain and suffering on pressure. The disease usually runs its course in about ten days, when death relieves the patient.

The above is a brief description of the disease; and as the treatment is so unsuccessful with the majority of the physicians in this vicinity, and as every one will form an opinion of his own, I will, for the present time, conclude this article by saying that if you consider this worth publishing, do so.

W. R. EOBEL, M. D.

Similar cases have been noticed elsewhere, and in some of them death has evidently resulted from intestinal hemorrhage. A case has just come to my notice in which a *post mortem* examination showed that the bowels contained a large quantity of blood, though none had been passed. In other cases the inflammation, originally confined to the mucous membrane, extends to the peritoneum, and death results as in some cases of typhoid fever.

I feel confident, however, that these cases can be successfully managed by the treatment named for catarrhal fever. Give the patient Aconite and Rhus at first; follow or alternate with Baptisia, and if the abdominal pain is severe, give minute doses of Nux. If the bowels become distended, and the patient manifests the least evidence of hemorrhage, give the trituration of carbo-veg. Above all things, cathartics *must* be avoided.

---

**The National Eclectic Medical Association. Appointments for 1876.**

The following appointments have been made for the Seventh Annual Meeting of the National Eclectic Medical Association, to be held in Washington, D. C., on the second Tuesday in June (13th) 1876. It is to be hoped that every one appointed will be prepared to present reports on their respective subjects, and if they can not be present at the meeting, they should send their reports to the Secretary, and have them presented by title.

For Public Address—Prof. A. J. Howe, M. D.

COMMITTEES.—Theory and Practice of Medicine, Drs. Paul W. Allen, George C. Pitzer, J. R. Borland; Surgical Diseases, Drs. R. S. Newton, J. B. Duncan, W. V. Rutledge; Operative Surgery, Drs. Alex. Thompson, Z. Freeman, Walter Burnham; Obstetrics, Drs. H. E. Firth, P. D. Yost, C. E. Miles; Gynecology, Drs. A. L. Clark, S. B. Munn, V. A. Baker; Diseases of Women, Drs. Helen A. Goodspeed, Maria B. Hayden, Rebecca Anton; Materia Medica, Drs. J. F. Locke, James Anton, Geo.

Merker; Medical Botany and Pharmacy, Drs. Alexander Wilder, Harmon Pease, Henry D. West; Physiology, Drs. Edwin Freeman, W. T. Branstrup, J. M. Bishop; Diseases of Children, Drs. W. M. Ingalls, L. H. Borden, O. H. P. Shoemaker; Medical Statistics, Drs. John King, H. H. Brigham, Samuel Clark; Medical Jurisprudence, Hon. Geo. C. Christian, LL. B., Ills., (special), Drs. S. H. McMaster, S. H. Potter, Ohio; Diseases of the Respiratory Organs, Drs. D. E. Smith, H. L. True, James L. Cowdrey; Action of Medicine in the System, Drs. A. B. Woodward, Milbrey Green, E. M. Shaw; New Remedies, Drs. J. M. Scudder, W. H. Davis, Henry Parker; Chemistry, Drs. W. R. Hayden, J. S. Watts, W. R. Wright; Diseases of Rectum and Anus, Drs. A. J. Howe, Milton Jay, Willis E. Crowell; Ophthalmic and Aural Surgery, Drs. John W. Thrailkill, J. M. Youart, M. R. Teegarden; Psychological Medicine, Drs. Robert A. Gunn, H. D. Garrison, W. Jones; Venereal Diseases, Drs. H. G. Newton, Henry Wohlgemuth, John Perins; Cutaneous Diseases, Drs. John H. Dye, H. K. Stratford, R. M. Earl; Pharmacopœia, Drs. H. D. Garrison, J. M. Scudder, John King, T. L. A. Greve; Present Status of Eclecticism, Drs. N. R. Martin, B. S. Warren, George Dutton, R. W. Geddes, M. F. Linquist, J. R. Goodale, Samuel Tuthill, L. H. Borden, J. M. Harding, Henry Parker, L. Frazer, Luke F. Stoddard, A. R. Brown, James Bedford, J. W. Marmon, Geo. H. Fields, R. M. Earl, J. F. Locke, J. M. Bowers, Thos. R. Fraser.

B. J. Stow, President.

A. L. CLARK, Secretary.

I have just received from the President notice of the following changes:

"In consequence of other engagements it will be impossible for Prof. Howe to deliver the Public Address, as he has informed me.

"For Public Address, Prof. P. W. Allen, New York.

"After receiving many suggestions from members, in favor of changing the time of holding the next Annual Meeting of the National Eclectic Medical Association, and the concurrence of the Executive Committee, we have concluded to change the time of meeting from the thirteenth (13th) to the twenty-seventh (27th) of June, 1876.

"This change will prevent the National from interfering with the meetings of the State Societies, and will enable members to attend the Centennial Exhibition at Philadelphia, during the first week in July, which promises to be the most interesting time to visit it.

"Full particulars will be given in the regular call for the meeting, which will be issued about the first of June."

### *Brooklyn Academy of Medicine.*

The Brooklyn Academy of Medicine held its regular monthly and annual meeting at the rooms, No. 26 Court St., on Monday evening, March 6th, 1876. The following officers for the ensuing year were elected:

President, B. F. Chapman, M. D.; Vice-President, William Barker, M. D.; Recording Secretary, W. E. Crowell, M. D.; Corresponding Secretary, L. B. Firth, M. D.; Treasurer, J. E. Danelson, M. D.

Board of Censors—Drs. D. A. Smith, T. Van Skellyne, R. Gahrer, D. E. Smith and S. M. Hersey.

The President elect, Dr. B. F. Chapman, was conducted to the chair, and responded in remarks appropriate to the occasion, thanking the Academy for the honor conferred, although the position was entirely unsought by him, in fact he much preferred some older and more experienced member had been placed in the chair; yet as it was the unanimous voice that he should act in this capacity, he hoped to be able to fill the position, not only with credit to himself, but with honor and satisfaction to the Society.

CRAWFORDSVILLE, IND., March 7th, 1876.

PROF. HOWE—*Dear Sir*: In your article on gunshot wounds, I observe that you credit Nelaton with the extracting of the ball from Garibaldi's heel. I am under the impression that an Italian surgeon (whose name has escaped me) performed that operation.

Yours, very respectfully,

H. W. TAYLOR.

The above is a misapprehension, which, I admit, could easily be made from the statement of mine. My words in the June, 1875, issue of the Journal, are as follows: "Nelaton ingeniously constructed a probe with a porcelain bulb or tip for ascertaining whether the exploring instrument has touched a metallic missile or a bone. With this implement the inventor discovered a bullet in the heel of Garibaldi."

It will be seen that I said nothing about the *extraction* of the bullet, but alluded to the *discovery* of the missile. However, I blame none of my readers for *inferring* that Nelaton extracted the bullet after he had discovered its location, for, without contradiction, the inference was logical; but the history of the affair shows that Nelaton did not extract the bullet, yet an Italian surgeon did. The story abbreviated from the official bulletin, runs as follows: "In 1862, the famous military chieftain, Garibaldi, was wounded in the heel or ankle, and his surgical attendants could not determine, while probing the wound, whether their exploring instruments struck against bone or bullet; and it was a question whether amputation might or might not be advisable, in order to save the life of the hero. The patient seeing the quandary his surgical advisers were in, summoned from Paris that eminent surgeon, Nelaton. Upon the arrival of the latter in Spezzia, and after the interchange of some touching compliments, he inspected the General's physical condition and explored the wound. All the conditions were so much more favorable than might have been expected, that the surgeon rose and said, "Sire, I am happy to say that I do not think amputation necessary. The ball can be easily extracted." The General replied: "I prefer this solution of the difficulty, to the one previously given; and I am very thankful to you."

As the external aperture of the wound was small, Nelaton advised that the opening be dilated from day to day, with cylinders of gentian, in order to gain space for the use of the extracting forceps: he was not able to remain until the dilatation would warrant efforts at extraction, so he returned to Paris, leaving future treatment in the hands of Prof. Zonnetti and his associates.

Upon arriving home, Nelaton addressed a letter to the *Gazette des Hôpitaux*, describing the condition of the distinguished patient, and the

nature and extent of the wound. An abstract of this bulletin may, in a surgical view, prove interesting. "The wound is situated on a level with the anterior margin of the inner malleolus; the probe passed very easily, without giving pain; when it reached the depth of an inch, it was arrested by a hard substance which, on being struck, gave that dull sound, which is quite different from the sharp noise resulting from contact with necrosed bone. By slightly depressing the probe, it glided over the first obstacle, and passing on to the depth of about two inches, it met with osseous resistance at a point near the external malleolus. Although the joint is open, the bullet is lodged in the depression anterior to the pulley of the astragalus—viz., on the neck of that bone. It is extremely probable that by means of dilatation, the projectile may soon be seen or touched with the finger, seized with ball-forceps, and extracted through a canal large enough to escape laceration of the soft parts."

Prof. Zonnetti's bulletin reads as follows: "The wound is serious, but presents no alarming features. The tibio-tarsal articulation is open, and the structures adjacent to the joint contain a projectile, yet the location of the bullet is a matter of conjecture. It may be in the astragalus or the lower extremity of the tibia."

In a few days after his arrival in Paris, he received the following telegram from the Prefect of Pisa:—"This morning, at ten, Prof. Zonnetti removed the ball from the General's foot. All honor to your diagnosis."

At the *Hopital des Cliniques*, Nelaton made the following remarks to his class: "After visiting Garibaldi, I endeavored to contrive exploring instruments which should convince those who were not of the same opinion as myself. I thought first of a sound ending in a kind of file which could take off a few metallic particles. I had some constructed; but M. E. Rousseau gave me the idea of an instrument which would bring away particles of metal. We had, therefore, a probe made, to the end of which was fixed an olive-shaped body, made of unpolished china, upon which mere contact would leave a mark of the projectile, and prove its presence. The mere rubbing of this instrument against lead is sufficient to make a stain, which neither the soft parts nor the morbid secretions could obliterate. I forwarded one of these instruments to Prof. Zonnetti; and with it he became so certain of the presence of the ball, that he forthwith extracted it."

H.

---

## BOOK NOTICES.

TRANSACTIONS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEARS 1874, 1875. Printed by the State.

We are in receipt of this volume of proceedings, which in size and general make-up, seems very creditable to our brethren of the Empire State. We should be glad to stop here, but our duty as journalists, and as representatives of a great school of medicine forbids. There are some very creditable papers in the volume, brief it is true, but "brevity is the soul of wit." There is a record of the proceedings of the State and auxiliary societies, which occupies considerable space, but is of interest to the practitioners of the State. But—

And now comes the unpleasantness. The volume is prefaced by a lithograph of William Hitchman, M. D., L. L. D., of Liverpool, England, a so-called Eclectic, a man who has no reputation in medicine, or in literature, unless you would prefix the word *bad* to reputation. Why the Eclectics of the State of New York should have been subject to this indignity, passes all understanding. As if this was not sufficient we have a biographical sketch of, and four old feeble and worthless papers by said Hitchman, published at the expense of the State of New York.

It is possible that we may find an explanation of this in the fact that he has recently received the degree of Doctor of Medicine from the "Eclectic Medical College of the City of New York," and from "Bennett Medical College in Chicago." We can stand a modicum of Alexander Wilder, but from Hitchman "May the good Lord deliver us."

**INSANITY IN ITS MEDICO-LEGAL RELATIONS.** By A. C. COUPERTHWAIT, A. M., M. D. Philadelphia, J. M. STODDART & Co.

This is a brief monograph upon a subject that requires a longer and more thorough study than can be given it in this form. If our author had condensed his matter, and given a complete *resume* of the subject, the little work would have been useful. But instead of this he says much that is commonplace and unimportant, and leaves unsaid much that the reader would like to know something of. Get "Brown on Insanity" in preference.

**ON ALCOHOL.** A Course of Six Counter Lectures delivered before the Society of Arts. By BENJAMIN W. RICHARDSON, M. A., M. D., F. R. S. New York National Temperance Society and Publication House. Price 50 cents.

Readers of the Journal will recollect that the editor is opposed to the use of liquors in disease, when it is possible to dispense with them. I have put myself on the record so distinctly that no one can mistake my position. To any one who is in doubt regarding the question, I advise the reading of this book, by one of the most eminent men in the profession.

**MARRIED**, at the residence of the bride, Nov. 14th, 1875, by Rev. B. F. Delo, M. O. WILBER, M. D., and MRS. DR. JANE E. MCKAY, all of St. Petersburg, Clarion County, Penn.

**For Sale**—A house and lot on Main street, in the town of Cadiz, county seat of Harrison county, Ohio. A good frame house of six rooms, stable, carriage house and corn-crib. Cadiz is situated on an arm of the Pan-Handle Railroad, and is said to be the most wealthy town of its size in the State. Has been an Eclectic stand for thirty years.

Price two thousand dollars. Address

Y. H. JONES, M. D.

**Wanted, a Partner**—a German, who can speak the German language. Must be a graduate. Also five Eclectic Physicians to settle in this county.

C. F. FALLEY, Lancaster, Grant County, Wisconsin.

**Physician Wanted**—An energetic, educated Eclectic Physician, to fill vacancy caused by death. A good chance for the right man. For particulars address

LOCK BOX 1, Melvin, Ford County, Ills.

**To Physicians and Druggists.**—The Pharmaceutical Preparations of Wm. S. Merrell & Co. of Cincinnati, have been so long and favorably known, that they are recognized by the medical profession as standard articles. They desire to place them in competition with the products of other manufacturers, on the basis of *quality* alone; although their prices will be found as low as *reliable* articles can be sold. For the convenience of druggists and physicians, they have established general depots for the sale of their preparations in the following cities, viz: *Chicago*, with Morrison, Plummer & Co; *Pittsburgh*, J. Henderson & Bro; *San Francisco*, Crane & Brigham. A full supply of their Resinoids and Alkaloids, Fluid Extracts, Sugar-coated Pills, new remedies and specialties are kept by these houses. Parties ordering from them, or other wholesale druggists, will be careful to specify "Wm. S. Merrell & Co.'s Preparations."

They have just issued, in neat pamphlet form, a complete corrected list of all their preparations and specialties; which will be sent by mail, gratuitously, to any one making application.

Address WM. S. MERRELL & CO.

No. 5 W. Fifth St., Cincinnati, O.

**For Sale**—Two large lots, good frame house of seven rooms, well of good water, stable, fruits and shrubbery of all kinds. Town has over six thousand inhabitants. No other Eclectic in the town; five railroads run into the town. Price \$1500.00. The reason for wanting to sell out is poor health. Address B. H. W., Box 48, Moberly, Mo.

**An Eclectic Physician** well educated desires to meet with a physician desiring help, in New York City or vicinity. Would take active part in practice with an old practitioner. Address A. B., care of JOHN MARTIN,

133 Waverley Place, New York City.

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address DR. J. S. BARTON,

Vera, Fayette Co., Ill.

#### RECEIPTS FOR JOURNAL TO MARCH 23.

G W Shank 2, A M True 2, G W Fay 2, S U Jones 2, Hardison & Neil 2, R Plackett 2, S M Hersey 2, S F Snow 2, E Eads 2, Mrs Faraday 2, M F Green 2, O Beaver 2, W H Pearson 2, R L King 2, McCown 2, W R Gafford 2, J L Kirkpatrick 2, H E Hendryx 2, B L Askue 1, L H Luse 1, M L Dickson 1, D L Robey 2, H M Ayers 4, Wm Vau Pullen 4, R Hathaway 2, A J Eaton 2, K Clymer 2, C Bixby 2, T C Miller 2, J N Chandler 2, J A Horn 2, T J Smith 2, S P Stearns 2, Jos A Siddens 2, J H Bonebrake 2, J H Bridwell 2, H G Stephens 2, Jas Claivins 2, Thos G Gardner 2, J A Hall 2, P Howe 2, P Boardman 4, J H Breeden 2, L B Love 2, S Spure 2, D M Hamilton 2, V O Price 2, E L Shackleton 2, G W Dickey 2, H Stockinger 2, W Chase 2, W H Brawn 50c, M Lindley 2, E B Bush 2, J D Alexander 2, J J Whitfield 2, D T Abel 2, Jas Lemon 2, S M Wright 2, J B Priest 2, L Underhill 1, J G Johnson 2, H R Watts 2, J E Danielson 6, A P Snoddy 2, J C Kessinger 2, E S Davison 2, H C Davidson 2, R T Lagooock 2, Squire Willard 2, H H Perry 2, D N Dooly 2, L H Callaway 50c, Jno Hardtner 2, Levi Ward 2, D C Abel 1, O O Johnson 2, A Mullendore 2, W D Snow 2, J H Williamson 2, J L Reeves 2, Jno Simmons 2, J H Mack 2, F O Harrison 2, J F Broughton 1, F M Price 1, G W Conover 2, M M Prentiss 2, A A Witter 4, A C Badgley 2, W E Austin 1, E V H Alexander 2, Thos Eckles 2, Taylor & McCurdy 2, H W Cobb 2, E J Ross 2, J M Crismore 4, B W Culver 1, N W Beckwith 2, N P Collins 2, J H Markham 2, C F W Hardt 2, J G Gee 5, J W Hess 2, F F Tabar 50c, M Chandler 1 20, R Andrews 2, H H Cohill 2, A W Swan 2, W B Preston 2, S O Southard 1, N Pettit 2, S O Teeters 2, B F Chapman 2, M O Wilber 2, S N Martin 2, J P Alter 2, J C Burlington 2, J N Ferguson 2, H S Etheridge 2, B T Gadd 2, J H Buecking 2, O R Hunt 1, S K Orr 2, E W Knepper 4, W H Summers 2, H T Marshall 1, F O Estabrook 2, F Clendenen 1, W Cooper 2, R W Hathaway 2, C P Long 2, B H Weatherhead 4, N Wells 2, Dr Upshaw 50, S W Sheppard 4, Henry Shafer 3, J P Harry 2, 25, B Pennock 2, A J Smith 2, J H Lalicker 2, B W Hollenbeck 2, O P Devore 2, H O Slingerland 1, O L Hudson 2, E Balcome 2, T H Bragg 2, M N Barber 2, L O Vernon 2, A D Thomas 2, J L Hendricks 2, C F Brown 2, J J Grace 2, W Terry 2, T J Stringfield 1, N McFarland 2, H R Watson 4, J R B Waterson 2, J A Allen 250, M M Fenner 2, T C Langer 2, S A Troy 2, H S Johnson 2, T C Morton 2, L M Hardy 2, Mrs A M Smith 2, Robt Smith 3.44 F G Taylor 1, Y H Jones 2, Geo E Sturgis 2, S N Vickery 2, H W Richardson 2, W H Schildnecht 10, J B Lewis 2, C E Boldrey 1.

# THE ECLECTIC

## Practice of Medicine

### For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

Hard Wood Mantels, Doors,

Counters, Interior Wood Work,

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI.

Send for Catalogue.

## REMOVAL.

WM. S. MERRELL & Co.  
**Manufacturing Chemists,**  
**PHARMACISTS,**  
—AND—  
**Wholesale Druggists,**

Have removed their office and sales department to the five story stone front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

Laboratory and Drug Mills, Corner Eggleston Avenue  
and Sixth Streets,  
CINCINNATI, O.

The following additions have been recently made to our large line of  
PHARMACEUTICAL SPECIALTIES.

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**  
**Fluid Extract Yerba Santa,**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Ethereal Oils; Tincture Gelsemium (entirely from the green root); Compound Syrup Stillingia (in pint bottles); Sulph. Hydrastia. and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**Wm. S. MERRELL & Co.**

No. 5. WEST FIFTH ST.

CINCINNATI.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

# REPRODUCTIVE ORGANS

AND,

## THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1874.

# CODMAN & SHURTLEFF'S

## APPARATUSES FOR

### Atomization of Liquids for Inhalation, Local Anæsthesia etc.

By the Atomizer, any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs.

#### *The complete Steam Atomizer, No. 15, for Inhalation, &c.*



The complete Steam Atomizer, No. 15.

For Inhalation, &c.

Pat'd Mar. 24, 1868, and Mar. 16, 1869.

It consists of the sphere-shaped brass boiler A, steam outlet tube B, with packing-box C formed to receive rubber packing through which the atomizing tube D passes, steam-tight, and by means of which tubes of various sizes may be tightly held against any force of steam, by screwing down its cover while the packing is warm; the safety-valve E, capable of graduation for high or low pressure by the spring or screw in its top, the non-conducting handle F, by which the boiler may be lifted while hot, the medicament cup and cup-holder G, the support H, iron base I, the glass face-shield J, with oval mouth-piece connected by the elastic band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M, where it may be fixed at any height or angle required, by the milled Screw N.

The waste-cup, medicament-cup and lamp, are held in their places in such a manner that they can not fall out when the apparatus is carried or used over a bed or otherwise.

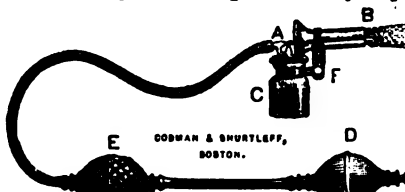
All its joints are hard soldered.

It can not be injured by exhaustion of water, or any attainable pressure of steam. It does not throw sprays of hot water to frighten or scald the patient. It is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will render the best of service for many years, and is cheap in the best sense of the word. Price \$6.00. Brass parts Nickel plated, additional, \$2.50.

Neatly made, strong, black walnut box, with convenient handle, additional, \$2.50.

**Shurtleff's Atomizing Apparatus, No. 5,** for inhalation, and with suitable tubes for local anæsthesia, and for making direct local applications of atomized liquids, for a great variety of purposes.



Shurtleff's Atomizing Apparatus, No. 5.

Patented Mar. 24, 1868.

The most desirable Hand Apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and works perfectly in all positions.

The bulbs are adapted to all the tubes made by us for local anæsthesia in surgical operations, teeth extraction, and for inhalation. Price \$4.00.

Each of the above apparatuses is supplied with two carefully made annealed glass Atomizing Tubes and accompanied with directions for use. Every steam apparatus is tested with steam, at very high pressure. Each apparatus is carefully

packed for transportation, and warranted perfect. Also—

HAND BALL APPARATUS (Fig. 5, without shield) with two glass tubes,...	3.50
THE BOSTON ATOMIZER, with two glass atomizing tubes and shield,.....	\$2.50
THE TREMONT ATOMIZER, with two glass atomizing tubes,.....	2.00
GLASS TUBES to fit any of our apparatus, warranted perfect, each,.....	.25
NICKEL PLATED TUBES, for local anæsthesia and for inhalation, each,	2.00
RHIGOLENNE, for local anæsthesia, best quality, packed,.....	1.00
NASAL DOUCHE, for treating diseases of the nasal cavity, eight different varieties, each with two nozzles, packed,	\$1.20, 1.50, 1.75, 2.00 and 3.50

N. B.—To save collection expenses, funds should be sent with the order, either in form of draft on our office order, or registered letter.

For complete illustrated price-list of apparatus, tubes, &c., see pamphlet.]

See next page.

Will be sent by mail (post-paid) on application,

# A P A M P H L E T

Containing two articles, by distinguished foreign authority, on

## INHALATION OF ATOMIZED LIQUIDS.

with formulae of those successfully employed.

Also an article by Dr. J. L. W. THUDICHUM, M. R. C. F., on

## A new Mode of Treating Diseases of the Nasal Cavity,

with his formulae.

Also an illustrated description of the best apparatuses for the above purposes, and for producing local anaesthesia by atomization with ether, by the method of Dr. Richardson of London, or with Rhigolene, as described by Dr. Henry J. Bigelow in the Boston Medical and Surgical Journal, of April 19, 1866.

All our Atomizing Instruments are made with the utmost care, with a view to their complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded to us by the Middlesex Mechanics' Association, for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New England Surgeon and physician:

"1503. Codman & Shurtleff, Boston, Mass., one case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. \* \* \* The various other instruments for inhalation of atomized liquids and for local anaesthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture.—Gold Medal.

(Signed)

GILMAN KIMBALL, M. D. Chairman."

Also by the Mass. Charitable Mechanics' Association, Exhibition of 1869—a Silver Medal, the highest medal awarded for Surgical Instruments.

### ALSO FOR SALE. ]

\*Carmann's Stethoscopes:—

Disarticulating.....\$7.00

\* Knight's Modification.....9.50

Simple Throat Mirrors.....1.00

Ophthalmoscopes, Liebrich's.....4.00 to 6.00

Holt's Dilator, Improved.....20.00

Barnes's set of three, with Inflator

and Stopcocks.....5.00

Large Ear Mirrors, Troltsche's.....3.50 to 5.00

Hypodermic Syringes.....3.00 to 13.00

\* Miller's Intra-Uterine Scarificator, in

case, (post-paid).....7.00

Lente's Intra-Uterine Caustic Instru-

ments.....1.25 to 3.50

Sponge Tents, plain and carbolized, each .25

\* Dr. Cutter's Retroversion and other

Presaries.....3.00

Gaiffe's Electro-Medical Apparatus.....16.00

\* Dr. H. R. Storer's Combined Speculum 6.00

French Rubber Urinals, with valves, male,

for night or day.....6.00

Male, day only.....2.50 to 4.00

French Rubber Urinals, female for day

only.....3.00

Vaccine Virus, warranted, 10 quills.....1.50

1 Crust.....3.00

\* Vaccinators, Whittemore's Patent Au-

tomatic, for Crust or Lymph flesh

from arm.—Instantaneous, certain,

and almost painless (post-paid).....3.00

Automatic Vaccinator, in case.....3.50

Powder Syringes.....3.00

Laryngoscopes, Complete.....16.00 to 30.00

\* Dr. Oliver's Laryngoscopic Lantern.....4.00

The same with Auto-Laryngoscopic

attachment.....3.00

The same with ditto and three Laryn-

goscopic Mirrors, in case.....9.00

\*Send for Descriptive Circular.

Amputating, Trephining, Excising, Pocket, Dissecting, Throat, Eye, Ear, Uterine, Obstet-  
ric, and all other special and general sets of Instruments on hand and made up to order.  
Trusses—Spinal and abdominal Supporters—Shoulder Braces—Suspensory Bandages—Elas-  
tic Hose—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr.  
Sayres's Splints for Hip-joint Disease—Fever Thermometers—Respirators—Syringes—  
Crutches—Universal Syringes—Galvanic Batteries and Apparatus—French Conical and  
Olive-Tipped Bougies and Catheters.

Skeletons, Skulls, and Anatomical Charts on hand: Manikins, Anatomical and Pathological

Models imported to order: prices on application. All Instruments, Implements, and

Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles,

Bow Legs, Spinal Curvature, and other deformities, made to order.

Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch, and accompanied with

directions kindly furnished by him.

Having our Manufactory with steam power, and a corps of experienced workman con-

ected with our store, we are able promptly to make to order new Instruments and appa-

rus and to supply new inventions on favorable terms.

Instruments Sharpened, Polished and Repaired.

Our Atomizing Apparatus is for sale by **MAX WOCHER & SON,**

105 West Sixth street, Cincinnati.

Also by **WM. AUTENREITH, 71 West Sixth St. Cincinnati.**

An illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid,  
on application.

**CODMAN & SHURTLEFF,**

Makers and Importers of Surgical and Dental Instruments.

13 and 15 TREMONT STREET BOSTON

# H. H. HILL & CO.,

WHOLESALE DEALERS IN

## Drugs, Liquors, Medicines, AND CHEMICALS, BARKS, HERBS, ROOTS, ETC.,

Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.

FRESH VACCINE VIRUS Constantly on Hand.

---

## Hall's Silver-Plated Electrodes,

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

## THE AMERICAN DISPENSARY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each.  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

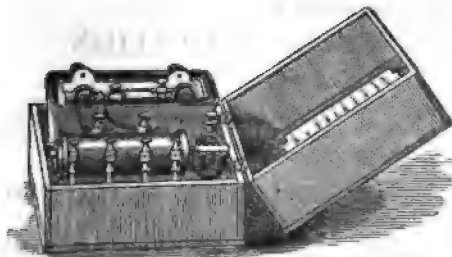
## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current

**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
N. W. COR. COURT AND CUTTER STS.  
CINCINNATI, OHIO.

*Will supply every article required by the practicing Physician, such as:*

Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.

All articles furnished of the best quality, and no pains spared to give entire satisfaction.

Prices as low as those of other reliable houses.

---

## Fractures and Dislocations.

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*  
**SECOND EDITION.**

Will be sent by mail free of postage, on receipt of the price, \$1.00.

Address

**JOHN M. SCUDDER,**

228 Court Street, CINCINNATI.

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homœopathy, Eclecticism, The Physician, The Practice of Medicine, Quackery.

**PART I.—Anatomy and Physiology.**—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion. The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.—Hygiene.**—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquor as a Cause of Disease.

**PART III.—Medicines for Family Use.**—Use of Medicines, Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.—Management of Accidents and Injuries and Surgical Diseases.**—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Piles, Fistula in Ano, Chronic Disease of the Loins, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.—Diseases and their Treatment.**—General Disease, Fever, Febricula, Intermit-  
tent Fever—Ague, Congestive Chills, Remittent Fever—Mittens Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid, Vaccination, Chicken Pox, Measles, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhœa, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.—Notes on Nursing.**—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advice, Personal Cleanliness, Observation of the Sick, Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Preternatural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.—Diseases of Women.**—Amenorrhœa, Dysmenorrhœa, Menorrhagia, Leucorrhœa, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anteversion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.—Care and Management of Children.** The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opiate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
 CORNER OF COURT AND PLUM STREETS,  
 CINCINNATI, OHIO,

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, etc., etc., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND

**Manufacturing Chemist,**  
 SOUTH-EAST CORNER SIXTH AND JOHN STREETS,  
 Cincinnati, Ohio.

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Specialty.**

**DO YOU WANT  
A VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

**THEN BUY**

**King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

**Address**

**JOHN M. SCUDDER,**

**Cincinnati, Ohio.**

---

**ROBERT CLARKE & CO.,**

**Publishers, Booksellers, Stationers  
AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,  
54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO.'S

## Pure Concentrated Medicines, CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

### VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides.....	\$1.00
1 Crust.....	3.00
Sent by mail on receipt of price.	

### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. Keith, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50.      Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

## WM. AUTENRIETH,

Formerly 18 years with M. Wocher,

SUCCESSOR TO W. Z. REES,

77 West Sixth St.,

Bot. Walnut and Vine, CINCINNATI.

Manufacturer of

## Surgical and Orthopaedical INSTRUMENTS,

Abdominal Supporters, Trusses, Club Foot Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of Metallic and Rubber Syringes, Stomach Pumps, Middle Bags, Medicine Cases, etc.

STOCKINGS FOR VARICOSE VEINS.

Special attention given to the fitting of Apparatus for Deformities.

(ESTABLISHED IN 1837.)

## MAX WOCHER & SON,

MANUFACTURERS OF

## Surgical, Dental & Orthopaedical INSTRUMENTS.

In calling the attention of physicians to our very extensive and most complete assortment of instruments, we beg to state that we shall continue, with increased facilities, to add to our stock any thing new and desirable which is recommended by authorities here and abroad, to satisfy all demands of the medical profession.

Prices of our goods are kept strictly uniform with those of Eastern houses of good reputation. All our instruments are warranted in every respect.

### SPECIALTIES.

Trusses of every description.

Apparatus for the modern treatment of Club Foot, Bow Leg, Weak Ankle, Hip Joint, Spine, and for all other deformities, made to order, with all the latest improvements.

Electro-Medical Apparatus of various kinds, or physicians' office use.

Also a large variety of the most improved Abdominal Supporters, either elastic or with steel springs; Shoulder Braces, Elastic Stockings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Dr. Dreecher's Electro-Magnetic and Galvanic Batteries.

Babcock's Uterine Supporters.

Codman & Shurtleff's Atomizers.

Davis & Kidders, Magneto-Electric Machine.

Day's Improved Splints, which we sell either in full sets or by single piece.

On all above goods our price is the same as that of the manufacturers.

105 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



## A. JACKSON HOWE, M.D.

OFFICE, N. E. COR. FOURTH & MAIN.

CINCINNATI, OHIO.

Dr. Howe will visit any part of the country, in consultation, or to perform Surgical operations.

## JOHN KING, M.D.

## OCULIST AND AURIST

138 Ninth Street. Cincinnati.

Office Hours from 9 A. M. to 2 P. M.

Dr. King devotes his attention wholly to DISEASES OF THE EYE AND EAR, and all Chronic Diseases, as well as those peculiar to Females.

## WM. H. DAVIS, M. D.

Springfield, Illinois,

Will visit in consultation in any part of the State. Chronic Diseases treated, and Surgical Operations performed, at his Infirmary in Springfield.

## DR. J. M. SCUDDER,

228 COURT ST.

## EDWIN FREEMAN, M. D.

Office, corner Eighth and John sts.

CINCINNATI.

Special attention given to treatment of fistulae, hemorrhoids, and other diseases of the rectum; stricture, and other diseases of the genito-urinary organs, deformities, etc. The Doctor will visit in consultation or for surgical operations.

## PROF. Z. FREEMAN, M. D.

OFFICE, 280 WEST SIXTH STREET

CINCINNATI.

Special attention given to all kinds of chronic and surgical diseases and surgical operations.

SIXTH EDITION JUST ISSUED.

SPECIFIC MEDICATION  
AND  
SPECIFIC MEDICINES.

REVISED,

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

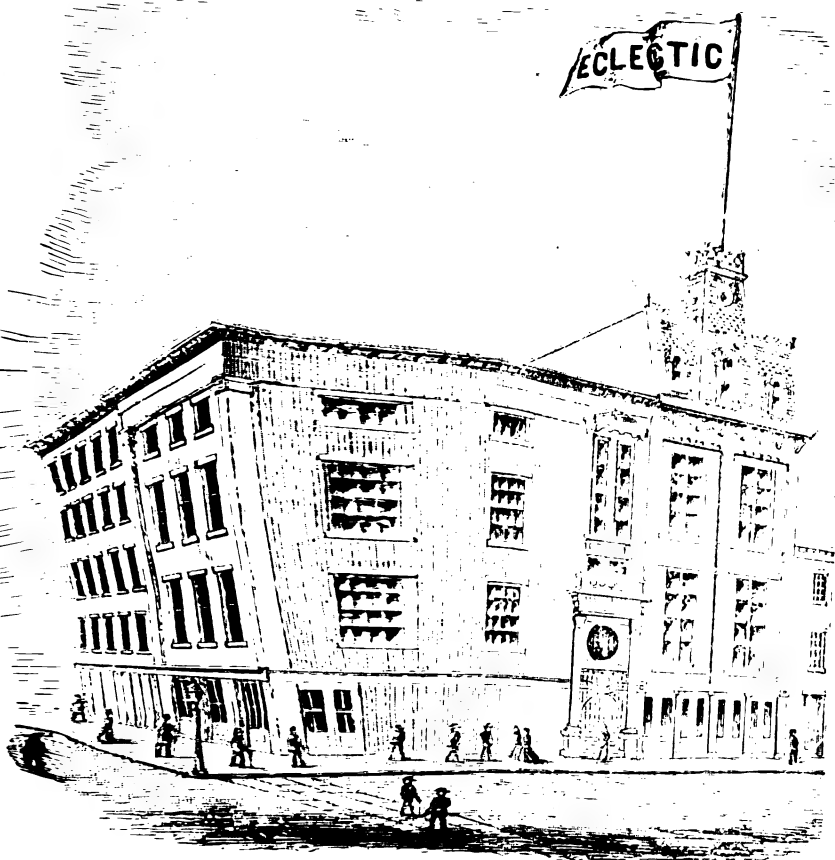
---

CINCINNATI:  
WILSTACH, BALDWIN & CO., PRINTERS.  
1873.

LITTLE BUT GOOD.

WARRANTED NOT TO RUN OFF AT THE BOWELS.

SENT BY MAIL FOR \$2.50.



# **Eclectic Medical Institute.**

*Cincinnati, 1876-7.*

*For Session Commencing Oct. 2d, 1876. Preliminary Lectures from Sept. 25th.  
Spring Session Commencing February 1st, 1877.*

*For Annual Announcement, or other information, address  
DR. J. M. SCUDDER,  
CINCINNATI, OHIO.*

# PARKE, DAVIS & CO.

## Manufacturing Chemists

DETROIT,

MANUFACTURERS OF

Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammonia,  
Pure Concentrations, Spts. Nitre Du  
Gran'ted Effervescing Salts, Pure Powd'd Dr.  
Chem. Pure Chloroform, Chemicals, &c

We call special attention to the following articles lately  
to our list:

Fluid Extract Jaborandi.  
Fluid Extract Damiana.  
Fluid Extract Guarana.  
Fluid Extract Eucalyptus Globulus.  
Fluid Extract Grindelia Robusta.  
Fluid Extract Bearsfoot.  
Fluid Extract Calendula.  
Fluid Extract Chestnut Leaves.  
Fluid Extract Cotton Root Bark, (from the fresh  
Fluid Extract Gelsemium, (from the fresh root.  
Pills of Picrate Ammonium, (sugar coated.)  
Brundage's Anti-Constipation Pills, (sugar coated)

Send for dose, descriptive list and circulars, which will  
be forwarded on application.

Physicians who desire our preparations will please specify  
& Co. on their prescriptions.

Our list of manufactures can be obtained of the following  
wholesale Druggists, at manufacturers' rates:

DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	Cincinnati
Kenyon, Potter & Co.	Syracuse, N.Y.
George A. Kelly & Co.	Pittsburg,
Benton, Myers & Canfield,	Cleveland,
George M. Dixon,	Dayton,
A. Peter & Co.	Louisville,
Morrison, Plummer & Co.	Chicago,
Colburn, Birks & Co.	Peoria,
George A. Eddy,	Leavenworth, Mo.
Godbe, Pitts & Co.	Salt Lake City, U.
Reed, Williams & Co.	Toledo,
Farrand, Williams & Co.	Detroit, M.
Swift & Dodds,	Detroit, M.
Browning & Sloan,	Indianapolis,
Wheelock, Finlay & Co.,	New Orleans,
Strong, Cobb & Co.,	Cleveland,
J. W. Wood & Co.,	Kansas City,
J. Durbin,	Denver,
Evans, Mercer & Co.,	Montreal,

THE

312

## Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. xxxvi.

Cincinnati, May, 1876.

No. 5.

## TABLE OF CONTENTS.

## Original Communications.

ART. XXXIV.—Conditions justifying the Amputation of a Limb. By A. J. Howe, M. D. ....	201
ART. XXXV.—Insanity and several other Neuroses treated by Colored Light. Translated by J. King, M. D. ....	205
ART. XXXVI.—Pomegranate Bark for Tape-worm. By Edwin Freeman, M. D. ....	207
ART. XXXVII.—Treatment of Internal Hemorrhoids. J. L. Kirkpatrick, M. D. ....	208
ART. XXXVIII.—Dysentery. By W. Wiggins, M. D. ....	209
ART. XXXIX.—A Case of Placenta Previa. By C. P. Devore, M. D. ....	210
ART. XL.—Polymnia Uvedalia. By J. W. Pruitt, M. D. ....	211
ART. XLI.—A Case of Puerperal Convulsions. By C. P. Devore, M. D. ....	212
ART. XLII.—Bicarbonate of Soda in Ulcerated Sore Leg. By Dr. F. A. Evans. ....	213
ART. XLIII.—A Case in Practice.—By J. B. Lewis, M. D. ....	213

## Periscope.

The Chloride of Lead as a Deodorizer and Disinfectant. ....	215
Death after Uterine Injection of ....	216
Treatment of Vomiting of Pregnancy. ....	218
Case of Paracentesis Pericarditis. ....	220

Diphtheritic Croup. ....	221
The Hydrostatics of the Catheter. ....	222
The Meteorological Conditions Preceding Extensive Epidemics. ....	223
Irritation of the Female Bladder. ....	224
Advice to Consumptives. ....	224
Tela Aranea or Spider Web in the treatment of Chronic Intermittents. ....	225
Chloral as a Local Application for Ulcers. ....	227

## Editorial.

The Study of Therapeutics and Materia Medica. ....	228
Jaundice. ....	231
A Centennial Joke. ....	232
Special Symptoms indicating Remedies. ....	233
Laws Regulating the Study and Practice of Medicine. ....	235
Common Sense and Common Honesty. ....	236
Advertised Remedies. ....	237
Colored Light as a Remedy. ....	238
Prof. Howe's New Surgery. ....	238
Graphites. ....	239
Living a Deception. ....	240
Iowa State Eclectic Medical Society. ....	241
Michigan Eclectic Medical and Surgical Convention. ....	241
Advantage of Organization by the Eclectics of Ohio. ....	243
"A merry Heart doeth good like Medicine; but a broken Spirit drieth the Bones." ....	246
Eriodyction Glutinosum. ....	247

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchon*, *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Min.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chem.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical Gentlemen.

In it is found *Quinia*, which is believed to be a better anti-periodic than *Quina*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same dose, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,

April 13, 1873.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

J. O. Y. SHINDEL, M.D.



Gents: It may be of service to you to know that the alkaloid for two years in my practice, and I have liable, and all I think for it. For children and the table stomachs, as well as easily quinine by the St. Cincho acts like a charm, hardly see how we did along. I hope the supply will

Yours, with due regard

J. R. TAYLOR, M.D., N.Y.

I have used your CINCHO-QUININE exclusively for four years in the malarial region.

It is as active an anti-periodic as Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CROSBY, M.D., Loc.

I have used the CINCHO-QUININE ever since its introduction, and am well satisfied with its results. It is in all cases in which I use the Sulphate; and in instances can be given during the fever with perfect safety, as no time.

W. E. SCHENCK, M.D.

I am using CINCHO-QUININE and find it to set as reliably as the Sulphate.

In the case of children, almost exclusively, and I mention upon them more than that of the time-honored

W. C. SCHULTZ, M.D.

CINCHO-QUININE is the best of any I have given the best of my estimation far superior of Quinine, and has many over the Sulphate. G. 1869

Northampton.

Your CINCHO-QUININE with marked success. I every way to the Sulphate.

D. MACRAT, M.D., Phila.

We will send a sample package for trial, containing fifty grains of Cincho-Quinine, receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

**BOSTON, MASS.**

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY,

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been introduced.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

LACTOPEPTINE contains the five active agents of digestion—Pepsin, Papain, Pancreatin, Lactic Acid and Hydrochloric Acid—combined in the same proportion as they exist in the human system. One drachm will digest from 12 to 15 drachms of albumen or any kind of cooked food.

LACTOPEPTINE will be found far superior to all other remedies in Dyspepsia and kindred diseases.

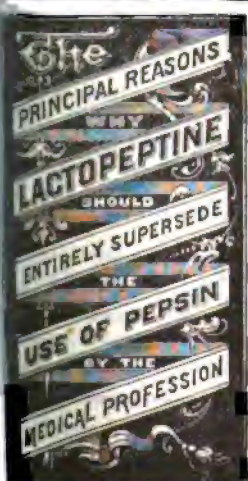
Also, particularly indicated in Anemia, General Debility, Chronic Diarrhea, Constipation, Headache, and Degraded Condition of the Blood resulting from imperfect digestion.

REED & CARNRICK  
Pharmacists,  
NEW YORK.



### FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	1 gr. Pygalin or Diastase.	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatic,	3 "	Hydrochloric Acid,	24 fl. "
		Powder and Mix.	



- 1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

*All the statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested BRED & CARRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE* in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 15 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several uses I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, MO., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—  
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—  
INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—  
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—  
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, callosa, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—OO—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbonic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

**LACTOPEPTINE** is also combined with the following preparations:

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

**REED & CARRICK** manufacture a full line of Fluid Extracts.

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ.**

*The following valuable formula have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	ss dr. iii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iii.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth. Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*Private Formulas of Pills or other Preparations made to order.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. fl. vi.
	Fl. Ex. Cinchona Com., . . . . .	—
	Tinc. Nux. Vomica, . . . . .	aa dr. xl.
	Spta. Lavender Comp., . . . . .	oz. ss.
	Hydrocyanic Acid Dilut., . . . . .	dr. ss.
	Syr. Aromatic Rhubarb, . . . . .	oz. ss.
	Sulphate Quinine, . . . . .	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spta. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Liq. Opil. Comp. (Squibb's), . . . . .	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut., . . . . .	dr. i.
	Syr. Aromatic Rhubarb, . . . . .	dr. ii.
	Pulv. Nit. Bismuth, . . . . .	dr. ss.
	Aqua Camph., . . . . .	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "
With flavoring ingredients.	

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

**Strychnia Compound Pill.**

Strychnia, - - -	1-100 grain.
Phosphorus, - - -	1-100 "
Ex. Cannabis Indica, - - -	1-16 "
Ginseng, - - -	1 "
Carb. Iron, - - -	1 "

*Dose*—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

Ext. Blood, - - -	2 grains.
Quinine Sulph., - - -	1 grain.
Sesqui Oxide Iron, - - -	1 "

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

**HEMA PILLS.**

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HÆMA (Ext. Blood), 4 grs.**

*Dose*.—Two to four.

90 cts. per hundred.

**HÆMA COMP.**

Ext. Blood, 2 grs.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

*Dose*.—One to three.

\$1.50 per hundred.

**HÆMA, QUINIA, IRON AND STRYCHNIA.**

Ext. Blood, 2 grs.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

*Dose*.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT**

**BY MAIL.**

**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARRICK, Manufacturing Pharmacists,**

**108 FULTON STREET, NEW YORK**

T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

MAY, 1876.

No. 5.

---

## ORIGINAL COMMUNICATIONS.

---

**Art. XXXIV.—** *Conditions justifying the Amputation of a Limb.* By PROF. A. J. HOWE, M. D., Cincinnati, Ohio.

Observation and experience have convinced me that it is easier to furnish reasons for amputating a limb, than to devise methods for preserving it; consequently I deem it a duty to discuss the subject briefly. A young surgeon is naturally ambitious to practically test the qualities of his amputating set of instruments; and may good luck attend the victim. After a limb is off, there are few to question the necessities or proprieties of an amputation. The unprofessional are not qualified to pass judgment in the matter, and they are apt to praise the surgical act if the patient survives with a sound stump. But the true surgeon, in deciding whether, in a given case, amputation is justifiable under the circumstances or not, is influenced only by pleadings *in foro conscientie*.

Amputation is necessarily attended with serious and permanent mutilation, therefore the operation should not be undertaken without deliberate consideration of every condition bearing upon the case. A broken limb badly treated may be comparatively useful, but amputation performed when it might have been avoided, entails absolute loss of the part sacrificed. The totally inexperienced surgeon may be unreasonably conservative and timid, and endanger the life of his patient by failing to remove what was palpably dead and infectious, but this article is not written to correct the faults of that limited class.

The testimony of the most experienced surgeons is, that the more we become familiar with the recuperative powers of the vital processes, the greater is our faith in the reparative forces of the organism. The best surgeons are the most "conservative," as that word is now understood. The rapid increase of swiftly moving and powerful machinery in the various industrial pursuits, has been attended with more than a proportionate

increase in lesions requiring surgical interference ; but I am happy to state the records show there has not been a corresponding increase in the number of amputations performed.

Twenty-five years ago there was too high an estimate placed upon the utility of artificial limbs, or appliances devised to supply the places of lost parts. The praises once bestowed upon artificial legs led to the amputation of limbs moderately defective, in order that the beauties and blessings of the artist's lauded substitute might be enjoyed ! Since the war the rage for using artificial limbs has appreciably subsided. At best the machine substituted for a real limb is a miserable makeshift.

The opinion once prevailed among the great teachers of surgery, that "immediate" amputation is far less dangerous than a "secondary" operation, or one performed several days after the reception of the injury, when time might prove that the mutilated member could not be saved. At present there exists a more conservative feeling in the surgical mind. It has been experimentally demonstrated that the danger incident to waiting to see what the recuperative powers of nature will do, is not great ; and a surgeon is now deemed rash, inconsiderate and unfeeling, who would amputate as long as a reasonable hope is left that a crushed limb may be saved. If the wheels of a locomotive have passed over a leg or arm, the mashing is so complete that recuperation of the limb is beyond hope or appeal ; but a loaded wagon may pass over a limb, and by its weight break the bones and bruise the soft tissues, rendering the part below a cold, lifeless mass, yet under the influence of warmth and stimulation, such a limb may have the suspended circulation restored, and the injured parts put in the way of a pretty good recovery. It was once deemed legitimate to amputate a leg that had suffered compound dislocation of the ankle ; now, the tendency is to wait for the necessities of such a procedure. If the foot becomes thoroughly gangrenous, it must come off ; yet so many cases recover without that complication that the patient should be permitted to take his chance of restoration without loss of limb. The advocates of an heroic practice may declare that the sufferer is exposed to the dangers of tetanus and pyæmia, if an attempt be made to save the limb ; yet those dangers are not great, and should be incurred, considering the amount at stake.

Some years ago a man had his hand horribly skinned and crushed by the action of a rope and pulley. A young army surgeon happened to be near when the accident occurred, and was therefore called to take charge of the case. He advised, and was about to execute, amputation through the carpus. Some of the family advised that I be consulted before so radical a measure was put in execution. The result was that the thumb and a stump of the forefinger were saved. With these the man is able to pursue his usual avocation, and to discharge many of the important duties executed with the hand.

Last winter Geo. Bradley got his left hand caught in the cogs of a large printing press, and before the machine could be stopped the three middle fingers and the metacarpus above them were thoroughly mashed. I removed none of the injured structure, except loose fragments of the metacarpal bones. The fore-, middle-, and ring-fingers were not to be found ;

and the central portion of the hand was a mass of pulpy flesh. The sloughing of this crushed flesh was great, yet the granulations came in so fast that the chasm was soon filled. During the healing process I dressed the hand with the view of rendering the ends of the thumb and little finger useful, as opposing digits, and in manipulation. Three months after the reception of the injury I found Mr. Bradley at work in the printing office, earning his usual wages, and performing the same labor he did before the accident; and I made a sketch of the remnant of hand, and had it converted into the accompanying illustration. The thumb and little finger come into apposition with such ease and facility that type can be set with them as rapidly as with the other hand; and the range of function is increasing every day. The lump of flesh at the base of what was the fore-finger was saved only by great effort on my part; and it now proves exceedingly valuable in forming a grip with the lower extremity of the thumb, as in holding a fork or spoon.



the ends of the thumb and little finger can be used to pick up a pin or piece of type.

I was once called to a man whose arm had been drawn between two rollers, and I found the limb severely bruised and crushed. The bones, to near the shoulder, were broken into hundreds of fragments. Such a limb, twenty years ago, would have been amputated without question or delay; yet, moved by the conservative spirit of the times, I waited upon the necessities of a "secondary amputation," if any should appear, and was successful in preserving to the man a very useful limb. Many of the functions of the wrist and elbow-joints are lost or impaired, but the possessor can not be convinced that the best artificial arm in the world would be worth a thousandth part as much as his natural though crippled limb.

It was once a rule that if the main arterial trunk of a limb be ruptured, as evidenced by the pulseless condition below, amputation was justifiable; but it is now well understood that the principal artery of the arm or leg may be ligated or obliterated without serious danger to the vitality of the limb. But if, superadded to a rupture of the main artery, the muscles be lacerated and bruised, and the nerves be torn or otherwise severely injured, the indication for amputation is well marked. However, there need be no undue haste in the matter, for limbs thus injured have been let alone for hours, or even days, without untoward results.

A fracture extending into a joint greatly endangers the functions of the articulation, but the peril to life is not sufficient to justify immediate amputation. If to compound, complicated and comminuted fracture be superadded considerable destruction of integument, bruising of muscles, laceration of the main artery and nerve, and a twisting of the undivided tissues, the demand for amputation is imperative. In lesser injuries, though the lesion be grave in character, it is best to give the patient the benefit of a doubt, and trust to the recuperative powers of nature.



The sinuses lead to a carious state of the tarsal bones.

There is often a morbid condition of the foot, commonly ending in caries of the tarsal bones, which a few years ago called for amputation. It was then regarded dangerous to make deep incisions into the structures of the foot, and to remove the cancellated portions of the osseous structures. And I am not sure that the average surgical opinion of to-day would justify the operations I have executed in the last ten years, unless it be on the ground of unqualified success. In one case I removed, with an osteotrite, the great central portion of the calcaneum, the incision being made on the inside of the foot, at a point where a sinus discharged thin pus and particles of disintegrated bone; and the result was eminently satisfactory, the hollow created becoming gradually filled with sound osseous material. In another case I scooped out the disintegrating portions of the scaphoid, internal cuneiform, and medullary cavity of the metatarsal bone of the great toe, and the result was a termination of the disease, a reproduction of the removed bone, and permanent cicatrization of the wounds and sinuses. In another instance I removed the greater part of the cuboid, and much of the internal structure of the astragalus. The result in this case was also good, the patient recovering with a sound foot, but with some loss of elasticity in the tarsal arch.

It is justifiable to amputate a foot that, from caries and the distortions which sometimes follow, is no longer fit to walk on, and is constantly discharging purulent fluids, which can not be made to cease by any kind of treatment. A man deprived of earning a living on account of a painful, disgusting and distorted foot and leg, should be encouraged to have the defective limb amputated.

**Art. XXXV.—Insanity and several other Neuroses treated by Colored Light.** Translated by J. KING, M. D.

Dr. Ponza, principal physician of the insane asylum at Alexandria, has the honor of originating this idea, aided by the eminent physician and astronomer of Rome, Pere Secchi, who suggested the necessary measures to put the idea into execution. The fact is so curious that we reproduce in full the following communication upon this subject, addressed by M. Ponza to the Medico-Psychological Society of Paris, and published in the *Gazette des Hopitaux* :

"Having read in some journals that a Captain of English Marines had, after repeated experiments, ascertained that the fleshiness of some animals was enormously increased by causing them to live under the constant influence of violet light, and that vegetation, whether fruits or legumes, became extraordinarily developed when kept under glass shades of violet color, I became deeply interested, and wrote to the learned and eminent Pere Secchi, inquiring if the happy influence of this light was due to its electro-chemical properties. The illustrious director of the astronomical observatory of the Roman college, promptly returned the following response :

'The idea of studying the disorders of the insane, in association with magnetic perturbations, and with colored light, especially the violet of sun light, is one of remarkable importance, and in my opinion, is well worthy of being cultivated.—As far as I know, no observations have as yet been made upon the influence of colored light, or, to speak more to the point, of the violet light of the sun, and it appears to me that it would be of great importance to enter upon such an investigation.—Violet light is without doubt, that which acts chemically upon vegetables; I do not know whether it is as active upon animals.

'The practical solution of the problem would be to test the action of the least refrangible rays of the solar spectrum upon the insane and patients affected with necroses, as we can not obtain violet light otherwise than by subtracting the red, yellow, blue, etc., from solar light.—It is not possible for us to condense this special light, better or more than it is condensed in the natural light of the sun; and it is also very difficult to find a substance that allows the violet rays only to pass. A light very rich in violet rays, more so than that of the sun, is electric light, but practically it is inapplicable.—The only practical experiment that may be attempted is, to filter, so to speak, the solar light, in such a manner as to separate all the other rays, and to leave only the more refrangible violet rays. The trial is worth the attempt, not solely from pure curiosity, but also because it appears that, as regards germination, important results may be attained.

'This violet tint has a certain melancholic or depressive influence which, physiologically, prostrates the spirits; and for this reason, the poets, undoubtedly, have draped melancholy in violet vesture.—It may probably be that violet light will calm the nervous excitation of the unfortunate raving insane. And although physically, nothing can insure success, it being a question of a physiological fact, it appears to me that there is sufficient reason for undertaking the experiment.—First of all it is necessary to secure the most suitable quality of glass, that better adapted

for receiving the rays of the sun; it should be tested for this purpose, traversing it by a solar ray passed through a prism, and taking photographic proofs with this same ray.—The walls of the apartments used for the experiments should be painted of the same color as the glasses in the windows; and to favor the action of the solar light, we should be careful to have as many windows to the room as possible, so that it may directly receive the light at the different hours of the day.—To put these wholly scientific counsels into execution, I would suggest that you have the insane upon whom you experiment to lie in rooms having an eastern and a southern aspect, with walls colored the same as the window glass, and of the same dimensions.

"In conformity, therefore, with the suggestions of Pere Secchi, I undertook to establish the refracting intensity, of the solar spectrum, for each kind of colored glass, and thus obtained the certainty that my experiments would be conducted in an exact and certain manner. I proceeded as follows: To each room was given the tint corresponding to the color of the glass panes of the windows. In the apartment colored red, with panes of red glass, I placed a lypemaniac; for a long time he had been gloomy, affected with a taciturn delirium, and seldom ate of his own accord. Three hours after his installation in this room, I visited him, and, to my great surprise, found him gay and smiling; he asked for something to eat, which was promptly given to him.—The following observation is no less explicit.

"B. (Joseph), lypemaniac and sitophobic, who remained all day with his shrivelled hands against his mouth to prevent the introduction of 'poisoned air', had been transfused by the Caselli method, using a canula with a very short caoutchouc pipe for the embouchure, etc. He firmly sustained the transfusion without any amelioration of his lypemaniac condition. Convinced of the efficacy of the influence of red light, I made my man lie down in the chamber with panes of red glass. The next morning B. hastened to get up, and demanded his breakfast, which he swallowed with surprising avidity; now he behaves very well, and in a few days I shall be able to dismiss him.

"In the room with blue glasses, I had a very restless maniac to lie down, being held in position by a strait-jacket; in less than an hour afterwards I found him much more calm. The action of blue light upon the optic nerve is quite intense; as shown by the following fact: One day, in presence of Dr. Bongiovanni, professor of Clinical Medicine in the University of Pavia, who came expressly to Alexandria to observe my experiments, I led Dr. Manfredi into the blue apartment. His eyes were bandaged, and to perplex him, he was made to take several turns under the arcades of the asylum. As soon as M. Manfredi had entered the blue room, he stated where he was; he had been apprised of it by a strange sensation of oppression.—I had an insane man to sleep in a chamber with panes of violet glass; the next day he begged me to dismiss him, as he felt cured. He has left the asylum, is happy, and enjoys good health.

"Examining the curves of light with the spectromister, it will be at once perceived that the violet rays are, among all the others, those which possess the most intense electro-chemical rays; that red light is likewise

very rich in caloric rays, and that, on the contrary, blue light is entirely destitute of caloric, chemical, and electric rays. Its salutary influence is difficult to understand. Being the absolute negation of all excitation, blue light is wonderfully efficacious in calming the furious agitations of maniacs.

"These investigations appear to me of capital importance in the treatment of insanity; they may lead to satisfactory results in the therapeutics of many neuropathic affections, as chorea, hysteria, epilepsy, and puerperal, or infantile, convulsions.—The clinical physician, by plunging a diseased member in an electro-chemical atmosphere, will probably obtain results in this way that he would vainly expect from electricity, either faradaic or galvanic.—With lunatics, improvement, and sometimes even cures, may be obtained, which it would be presumption to have hoped for, by having them live in an apartment the window glasses and walls of which are colored violet."—*Le Bordeaux Medical*. 1876, p. 78.

---

**Art. XXXVI.—Pomegranate Bark for Tape-worm.** By Prof. EDWIN FREEMAN, M. D.

I succeeded in obtaining a tape-worm entire, with its head, from W. S., of Avondale, which had resisted the use of a good many medicines during five years before I began to medicate its possessor for it. The worm obtained was thirty-four feet long, when it came away. Mr. S. said that he passed, at some past time, forty-two feet in one piece, but the head remained, and he has every day passed several inches, for at least three years. While he had the worm he was a large eater, and seemed to require, besides, a quart or two of coffee every morning. It caused him, at times, to be faint and dizzy, with occasional headache and weakness and sluggishness in the morning. In addition to this, there were occasionally nausea and fullness of the stomach. The best evidence of the presence of tape-worm is the passage, with the fæces, of portions of one.

*Treatment.*—I gave him, the first thing in the morning, two seidlitz powders, which thoroughly evacuated the bowels. I then gave him morphia sulph., gr.  $\frac{1}{4}$ . In an hour he began to take the Pomegranate, a decoction of the bark, four ounces every fifteen minutes, until it was all taken. The decoction was prepared by the chemist, J. U. Lloyd, from the best bark, according to the formula published by Prof. Locke, in a former number of the E. M. Journal, and mixed with fluid extract Jalap.  $\mathfrak{zj}$ .

After the third dose the worm was felt to have lost his hold on the bowel, and to be low down. The fourth dose was not taken until an hour after the third, hoping that the worm would surrender and come away. It was stubborn, however, but at the last dose submitted unconditionally, like Davy Crockett's 'coon, coiled himself into a knot, and got down and out.

The dose is a fearful one to swallow, but for those who can take it, it is effectual in ridding them of a very annoying trouble. The *tænia solium*, or solitary worm, is the tape-worm most common in the human body. There is another species, however, the *tænia medio-cancellata*, also sometimes found. The latter comes from eating raw or partially cooked beef, while the former comes from eating raw or imperfectly cooked pork.

The tæuizæ are propagated by alternate generation. Each segment, when thrown off, is packed full of ova or eggs. When one of these segments is taken with the food into the stomach of the pig or ox, it is in favorable conditions for hatching the eggs. According to Van Beneden, the larva, a little vesicular worm or embryo called the cysticercus, loses its shell and bores through the wall of the stomach into the tissues, and burrows its way into the muscle or organ into which it is to lodge. It is enabled to do this by means of two front stylets situated in the axis of the body, with which it grasps the tissue and forces the head forward, and two lateral (right and left) stylets which act as limbs, or fins. At the place of destination it surrounds itself with a sheath, loses its stylets, while a crown of new hooks appear upon the anterior end. It there waits in its cyst until the animal is killed and eaten by the human being. In the human being, if it has not been killed in the cooking, it quits its torpid state, bursts its capsule, and attaches itself by means of its hooks and suckers, to the wall of the intestine, and lives off the human being, mainly by partaking of his digested food, in which it lies, which is found ready for his use. The head is a slightly enlarged nodule at the anterior extremity of the long filiform neck, crowned with a circle of hooks, and having three dark oval-shaped spots upon it, which are the suckers. These are usually mistaken for eyes.

These worms are true parasites. The intestinal canal, from not being used, according to a biological law, ceases to exist, and absorption of nutriment is carried on through the surface. As long as the head remains attached to the surface of the intestine, the worm continues to grow and produce the fertile segments, each one of which is capable of producing other worms. The presence of the cysticerci in the flesh of the pig (often in large numbers), gives rise to the condition called "measly," which has been variously attributed to many other causes.

The lesson to learn is, that there is danger in eating meat that is not thoroughly cooked; also, that until you get rid of the head, the worm will continue to produce itself; and Pomegranate bark is the remedy by which it can be removed.

---

**Art. XXXVII—Treatment of Internal Hemorrhoids.** BY J. L. KIRKPATRICK, M. D., Hamilton, Ohio.

Internal piles being a malady so frequently met with in the profession, I thought it might not be uninteresting to mention a few ideas in regard to their treatment. No remedy has proven as beneficial in my hands, in their treatment, as powdered cubebs, administered in 20-grain doses every four hours. If there is much bleeding—R Fluid extract Ergot, ʒss; simple syrup, ʒj. M. Give in teaspoonful doses every four hours, alternating it with the cubebs. If the bowels are costive, give small doses of Podophyllin, say one-fourth to one-half a grain every six or eight hours until they are moved. As a local application—R Fluid extract Ergot, ʒiij; flax-seed tea, ʒiiss. M. Inject into the rectum twice a day. If the patient complains of much pain, add ʒj tincture opium to each injection.

If the above measures fail to effect a cure, as they sometimes will, espe-

cially when the tumors are of long standing, the following operation will be found to be successful in producing a radical cure in almost every case. The operation consists in injecting into each of the tumors, with a hypodermic syringe, as much of the tincture of Ferri Chloridi as it will contain. Each tumor is to be injected separately, and it is best not to inject more than two at one time, on account of producing too much irritation in the parts. Each tumor will hold from ten to twenty-five drops of the tincture. If the tumors can not be reached easily, have the patient inject warm castile soap-suds into the rectum. This will bring them down within reach of the operation. I have used the above means in a few cases with success. The patients experienced but little pain after the treatment, and kept at their daily avocation. In a few days after the operation the tumors disappeared. I have never had to inject the same tumor the second time; the first operation has always resulted in a cure.

**Art. XXXVIII.—Dysentery.** By W. WIGGINS, M. D., Prospect, N. Y.

I report the following, not because it differs materially from most cases of the kind, but on account of a rather novel complication. The facts are substantially as follows: Called on the evening of Feb. 3d, 1876, to see Robbie L., aged 8, who had been sick for two or three days with dysentery, preceded by constipation. Patient better, but a sister, Carrie, aged 4, was sick, and showed the following symptoms: vomiting frequently; skin hot and dry, except when vomiting, when of course it showed some moisture; pulse 130, hard; tongue foul, pointed; when left alone inclined to doze, with eyes half open, dilated pupil, mutterings. The mother said it was worms, and a dose of oil would bring her out all right in the morning. I did not object to the oil, as the bowels had been costive. Prescribed the following, telling the mother I thought her child would not be all right by morning:

R	Tinc. Aconite rad., gtt. x.	
	Tinc. Belladonna, gtt. x.	
	Tinct. Mentha vir., f3ss.	
	Water ʒiv.	Mix.

Dose, a teaspoonful every hour.

I frequently add the tincture of spearmint to make the mixture more palatable, and it always exerts a kindly influence over the urinary apparatus. In this case I expected it to allay nausea and vomiting.

Feb. 4. Vomiting occasionally, but not as often; pulse 120; been delirious all night, but rests a little easier now; bowels have moved freely, and I now find the characteristic dysenteric discharge, with severe tenesmus, some blood. Repeat prescription, adding tinc. ipecac, gtt. xv.

6 P. M. Patient sleeping; symptoms better, except tenesmus. About noon she threw up something resembling in size, shape and general appearance a boiled oyster. Upon closer inspection, I found it friable, easily breaking down under pressure, and forming a dirty mixture with water. The mother says the head symptoms disappeared as soon as she vomited this, and she sank into a quiet sleep.

Feb. 5. Patient improving, but tenesmus still continues. The mother shows what she believes to be a worm, averring that it moved when first

passed by the child, which was some time this morning. I find what appears to be a white hair from the tail of a horse, about a foot long, several inches having been broken off by the mother. It is disposed spirally, and when lifted by one end does appear a little lively. Placed under a microscope it shows no difference from what we know to be a hair taken from a horse's tail. The query with me is, how did the child manage to swallow it? As the necessity for its use no longer exists, I drop the *Belladonna*, and substitute tincture *asclepias*, gtt. xl.

From this time forth the child improved rapidly. The bowels moved two or three times a day for two or three days, and each time it was followed by tenesmus so severe that it required nearly an hour to get the child quiet in bed. The trouble seemed confined entirely to the lower extremity of the rectum, which would protrude and was much inflamed. The patient would not submit to local fomentations, and injections of starch and laudanum, as advised by an old practical physician, proved of no avail. I finally resorted to local applications of lard and morphia with success. I may add that a younger child of the same family had a slight attack of the disease, but recovered without being brought to his bed.

---

**Art. XXXIX.—A Case of *Placenta Previa*. BY C. P. DEVORE, M. D., Meridian, California.**

Feb. 19th, 1875, I was called in haste to visit Mrs. T., aged 30 years, (second confinement.) Supposing it to be an obstetrical case, I went soon as circumstances would permit. Arriving at the bedside of my patient within an hour and a half from the time of my summons, I learned upon inquiry that hemorrhage had occurred two weeks previously, and returned at intervals of from four to six days, with an increase of hemorrhage at each period of flooding. The patient was expecting to be confined in three weeks. Upon examination I found the pulse was about one hundred per minute, and the patient very weak from the loss of blood. Labor pains, though feeble, commenced on the night of the 17th, about forty hours prior to my visit, at which time the hemorrhage was greater than it had previously been, and had continued at frequent intervals from the commencement of labor pains. Suspecting a placental presentation, I made a vaginal examination, and found that the placenta was detached, and being expelled, or rather was protruding through the os uteri, which was well dilated and relaxed. I was unable to ascertain the presentation, but by an examination over the abdominal parietes, I found that the curve of the child's spine was on the right side.

From the investigations made thus far I concluded that the time for operation had arrived. I therefore immediately informed the husband and friends present of the nature of the case, and the necessity for immediate action; explaining to them also the danger attending such operations. The patient having been told by the attending midwife that all was right, (and I being a stranger to her,) would not willingly submit to the operation. I therefore administered chloroform until anæsthesia was sufficiently produced. After having anointed my hand and arm, and placed the patient in a proper position, I delivered the placenta, and care-

fully introducing my right hand grasped the feet, and brought them down ; as the womb contracted, I made light traction, and within fifteen minutes from the introduction of my hand, the patient was delivered of a well developed male child ; though from all appearances the child had been dead at least twenty-four hours. There was no great amount of hemorrhage during the version, nor after the delivery. The patient recovered from the anæsthetic effect of the chloroform soon after she was delivered, (5 P. M.,) after which time I remained with her fifteen hours, requiring the patient to keep perfectly quiet, not allowing her to turn herself in bed.

I put a compress of linen cloths wet in cold water over the womb, kept moderately tight with bandage. For the exhaustion I gave stimulants.

Feb. 20th, 8 A. M. Patient cheerful, but very feeble ; rested well through the night. After having given the proper direction for the management of my patient, I returned to my office, a distance of twelve miles.

The patient made a good recovery, and was able to attend to her household duties in three weeks, since which time she has enjoyed excellent health.

**Art. XL.—*Polymnia Uvedalia.*** By J. W. PRUITT, M. D. Russellville, Ark.

**PROF. SCUDDER :—**To answer inquiries occasioned by your editorial on the *Uvedalia*, in March number of the Journal, in regard to formulæ, please publish the following, if you think proper to do so :

**Tincture *Polymnia Uvedalia.***—Take recently dried root of *Polymnia Uvedalia* in coarse powder, four ounces ; alcohol, 98°, one pint ; mix and digest fourteen days ; express and filter. Dose, five to twenty drops three to four times per day. This is a far better tincture than that made from the green root, as the latter contains so much water it greatly weakens the tincture. One pound of dry root is equal to four to six of the green, according to the season of the year it is gathered, having more water in the Spring and less in the Fall.

**Ointment *Polymnia.***—Take recently dried root, four ounces, or one pound green root *Polymnia Uvedalia* ; hog's lard, one pound ; if the dry root is used, add water one pound ; mix. Place over a slow fire till all the water is evaporated ; express and strain.

**Properties.**—A powerful discutient and anodyne, but not adapted to cases of acute disease. For list of diseases in which to use it, see my advertisement in last year's Journal. Rub the part affected three or four times per day, bathing it in well by the fire or with a hot iron, first placing several thicknesses of old flannel over the part.

**Syrup *Polymnia Uvedalia.*** Take recently dried root *Polymnia Uvedalia*, one pound in coarse powder ; place in a glass jar and cover with alcohol 98° ; let it digest seven days and run off the tincture, which set aside. Boil the residue in successive portions of water, until it is exhausted ; mix the several decoctions and evaporate slowly until, when added to the tincture first obtained, it will measure one gallon, first adding five pounds prime sugar, and removing any scum as it rises. When cold add the tincture.

**Properties.**—Possesses all the properties of the root. Dose, half to a

teaspoonful three times per day. R Syrup Polymnia Uvedalia, ℥iv; quinine, gr. xx; cit. iron, gr. xxx; mix. This is about the best prescription I ever used for those "Arkansas tallow-faced chills," where the spleen and liver are enlarged, and patient bloated. Dose, teaspoonful four times per day.

*Uvedalin.*—Add an equal volume of water to the tincture; a copious precipitate falls to the bottom, which collect and dry in the shade. It is a light, snuff-colored powder, having the smell and taste of the root. Dose about two to four grains. Have never used it.

My confidence in the Polymnia is unabated; I believe it to be the best vegetable alterative we possess.

---

**Art. XLI.—A Case of Puerperal Convulsions.** By G. P. DEXTER, M. D., Meridian, California.

On the 23d of January, 1876, I was called to attend Mrs. C., a distance of sixteen miles from my office. I arrived at the bedside of my patient in two hours' time. I learned upon inquiry that some time during the previous night the patient was attacked with a violent pain in the head, which continued without respite, and was the only misery complained of by the patient at any time. At 10 A. M., (Jan. 23.) convulsions ensued, the patient having had ten convulsions in the five hours preceding my arrival; she being insensible from the first fit. I learned from the friends present that the patient expected to be confined in four weeks. Suspecting that labor *had* commenced, I made an examination per vaginam, and found the os uteri dilated to the size of half a dollar, but rather rigid; the womb seemed to contract nicely. I gave her Fluid Ext. Cimicifuga, Fluid Ext. Gelsemium, aa. ℥j; water, ℥iv; mix. A teaspoonful every fifteen minutes. Labor progressing nicely. It required the assistance of three persons to keep the patient on the bed. The patient was delivered in two hours after my arrival of a female child, weighing about six pounds (still-born). She was yet very restless, having to be held on the bed. I continued the Gelsemium in two-drop doses, every half hour, leaving off the Macrotis. After having given directions for medicine to be given every hour, I retired at 11 P. M., patient resting better.

At 2 A. M., (Jan. 24th,) I was awakened and informed that Mrs. C. was going into convulsions again. Upon my arrival at the bedside I found patient in a tetanic convulsion, with eyes turned back, and frothing at the mouth; tongue protruding. I held a cork between the molars to prevent injury to the tongue by biting. As soon as the patient could swallow I gave her five drops of the Gelsemium, and repeated the dose twice in fifteen to thirty minutes, after which the system seemed to be sufficiently relaxed, and I again reverted to the small doses; but to my dismay, and all present, the convulsions returned again at 8 P. M., seemingly more violently than before, and were almost incessant for two hours; the muscles not relaxing from one paroxysm to another. The patient's tongue was greatly swollen, and frothing at the mouth, with eyes turned back, and seemingly set in the head as one in a dying condition; during which time I could do but little else than to keep the cork between the teeth,

and administer chloroform by inhalation, and could use but little of that safely. I now determined, if the patient recovered sufficiently to swallow again, to try the Gelseminum still further, and I did so; as soon as the patient could swallow, I gave ten drops, and continued the medicine in seven drop doses every thirty minutes until the patient was prostrated so she was unable to turn herself in bed. I continued the Gelseminum (and nothing else) in sufficient quantity to keep up that effect for twenty-four hours. There were no more convulsions, neither was there any pain complained of in the head when she became sensible that evening (10 P. M.)

The patient was confined to her bed about three weeks, slowly but gradually improving until she fully regained her former health. I do not report this case simply because it was a real case of puerperal convulsions, but because Gelseminum alone controlled those convulsions. I do not think that in many cases Gelseminum would be the remedy; but in this particular case it was indicated. My own impression is, that had the woman been sensible of her misery, she would have complained of no other pain than that of her head. It seemed to be a reflex action upon the nervous centers, hence my reason for giving Gelseminum.

**Art. XLII.—Bicarbonate of Soda in Ulcerated Sore Leg.** By  
Dr. F. A. EVANS, Grandview, Ind.

A few days ago I stopped at a German's to get a drink of water, and found, before leaving, that the man who had favored me was afflicted with ulcerated sore leg of many years' standing. He told me he had tried red precipitate, sulphate of mercury, and sundry other "stuff," but all only increased and aggravated the disease. The following were about the symptoms as I read them: complexion swarthy; eyes dull, yellow rings around them, deep-seated; pulse slow, but of normal strength; uneasy, transient attitude, when talking; tongue slick, wide, coated very white from tip to base. Gave him—℞ Nux Vomica, gr. x; Tinc. Ergot sec., gr. viij; Phytolacca dec., gr. xv; water ℥iv. M. A teaspoonful every three hours. Alternated with Bicarbonate Soda, per dose, gr. viij; water q. s. for taste. For local application wash sore with castile soap; dress with weak solution of bicarbonate soda. The patient I hear is mending rapidly—able to walk about. Now I have never heard of soda being used locally before, but I believe it will bring the answer every time, if there is an indication like the above.

**Art. XLIII.—A Case in Practice.** By J. B. LEWIS, M. D.,  
Boston, Kansas.

Visited Mrs. D. March 2d, 1876. Found patient laboring under the following symptoms: High febrile action, pulse 140 beats per minute, full and bounding; pain in right side, in region of right lung; tongue heavily coated white; bowels lax, six to ten dejections every twenty-four hours; no tenderness in the bowels; respirations short and panting; troublesome hacking cough; bloody mucous expectoration, tough and hard to raise; urine very high colored and scanty; skin hot and dry. Prescribed—

R Tinc. Veratrum, gtt. xxx; water, ℥iv. M. A teaspoonful every hour. Alternating with the following prescription: R Tinc. Bryonia, gtt. xx; water, ℥iv. M. A teaspoonful every hour. Ordered, for the white fur tongue—R Bicarb. soda, ℥j; water, ℥vj. M. Drink *ad libitum* during the day. Sponge bath in the evening with tepid soda water; rub with coarse towel.

March 3d. Visited patient. Pulse 120, full; skin not so hot and dry; pain in the side nearly gone, but complains of soreness on pressure; respiration not so frequent, expectoration not so tight, cough not so troublesome; discharges from bowels not so frequent; urine more copious, and not voided so frequently, nor is it as high-colored as yesterday; tongue coated the same as the day before. Continued the preceding treatment.

March 4th. Visited patient to-day. Pulse 100, soft but full; skin moist; no pain or soreness in side; four discharges from bowels since last visit; no soreness in bowels, passages muddy and thin; no desire for food. Prescribed—R Tinct. Veratrum, gtt. xxx; water, ℥iv. M. A teaspoonful every hour. Alternated with the following:—R Tinc. Ipecacuanha, gtt. xx; tinc. Lobelia, gtt. xxx; water, ℥iv. M. A teaspoonful every hour. To correct the discharges from bowels—R Podophyllin, gr. j; Leptandrin, gr. iij; Nitrate Potash, gr. xx. M. Make four powders; take one every four hours until stools change color.

March 5th. Visited patient to-day. Pulse 80 per minute, free and soft; tongue cleaning, skin moist; two discharges from the bowels last night; color of discharges yellow; expectoration but little, no cough; some desire for food. I should have stated that the patient was put on sweet milk diet from the first visit. I prefer, and order, sweet milk for all my fever patients. I have never seen any bad results from the use of sweet milk diet in fevers. Ordered sponge bath with friction at night. Continued ipecac. and lobelia: ipecac for its effect on the skin and bowels; lobelia for its effects on mucous surfaces, aiding expectoration. R Tinc. Ipecac. gtt. xx; Lobelia, gtt. xxx; water, ℥iv. M. A teaspoonful every two hours. Alternated with—R Fluid Ext. Nux Vomica, gtt. xx; Fluid Ext. Hydrastis, gtt. xxx; Water, ℥iv. M. A teaspoonful every two hours.

March 7th. Visited patient this morning; convalescing finely. However, I made the following prescription:—R Fluid Ext. Nux Vomica, gtt. xx; Fluid Ext. Hydrastis, gtt. xxx; Water ℥iv. M. A teaspoonful every four hours during the day for two days, then omit. Discharged.

There is nothing very peculiar in this case only the treatment. Each article, as you observe, had a particular indication to fill. I wish to say that I am much pleased with Specific Diagnosis and Specific Medication. The results are positive and happy. Hence I would say, away with powerful cathartics, sickening diaphoretics, nauseating expectorants, and gnawing blisters, with weeks of suffering and sorrow.

I believe Prof. Scudder has struck the key-note of a humane, rational, and successful practice of medicine. I further believe that the afflicted, wherever this system of specifics is studied and practiced, will hold Prof. Scudder in grateful remembrance. I further wish to say that the more I read, study and practice Specifics, the more I am delighted with the results. Those two little books of Prof. Scudder, written on Specific Diag-

nosis and Specific Medication, I can heartily recommend to medical men, and every student of medicine that does not have these two little books in his library, is depriving himself of a rich mine of knowledge. I would heartily second Dr. Tucker's suggestion, that Prof. Scudder write a manual of Specific Medicine, in two parts, as Dr. Tucker suggests, and for the same reasons.

I have been a regular subscriber to the Eclectic Medical Journal, of Cincinnati, for twenty years. I have saved all my files, and have the greater portion of them neatly bound; when I get the remainder bound, I will have twenty volumes of the Journal in my library. I consider them a mine of useful medical and scientific knowledge, that can not be replaced by any other books. I recommend the E. M. Journal to all, and every medical man. It is a live Journal, and a treasure to the medical and scientific world.

---

### PERISCOPE.

*On Chloride of Lead as a Deodorizer and Disinfectant.* By  
R. H. GOLDEN, M. D.

I wish to call the attention of Medical practitioners, and especially of sanitary officers, to the value of chloride of lead as the most powerful and economical article for eliminating sulphite of hydrogen from the atmosphere, as well as from all organic matter in a state of decomposition or putridity. There is nothing new in this fact. It is known to all chemists, but its application has been practically disregarded, owing to the popularity of other deodorizers, which, having been made the subjects of patents, are well advertised, and therefore generally adopted, and they certainly do answer the purpose with more or less completeness. Of these I may instance—chloride of zinc (Burnett's), chloride of aluminium, hypochlorite of soda (Marvel Fluid), hypochlorite of potassa, hypochlorite of lime, permanganate of potassa (Condy's), permanganate of lime, peroxide of iron, peroxide of manganese, powdered charcoal, bog earth, and alluvial earth.

I need not enter into the *rationale* of the chemical action of these several ingredients, nor do I suggest the substitution of chloride of lead for the three last-named substances when it is proposed to convert organic matter into reproductive soil for farming or gardening purposes, but only in those cases where it is necessary to purify a fetid atmosphere, which has to be breathed by living people.

It has already been objected that zinc and manganese have been detected in plants grown in soil manured by stable-dung, which had been deodorized by Burnett's and Condy's fluids. I do not know how far the fact has been established, but even the suggestion is of such importance as to make us very careful in proposing the use of lead, unless it can be shown that lead is not in the same category. I think we may arrive at a strong inductive probability that it is not so; for the lead sulphide is quite insoluble, except in strong nitric acid, in boiling hydriochloric acid, and in aqua regia

(which is not the case with zinc or manganese); nor is lead sulphide absorbed in the human body when swallowed, but passes on by the bowel as harmless as powdered charcoal; and the affinity of lead for sulphur is so strong that lead sulphide can not be resolved but at a very high temperature. Another safeguard lies in the very sparing solubility of lead chloride, and also in the very small quantity used in the deodorizing process.

The chloride of lead and sulphide of hydrogen react with a simultaneous double affinity, producing an insoluble lead sulphide and hydrochloric acid. Lead is so readily acted upon by sulphur, that metallic lead and oxide of lead in paint, even when protected by the dried oil, is turned black in any atmosphere where sulphide of hydrogen exists. White paint in stables, waterclosets, and in artists' paintings, is soon turned black by it and spoiled.

To prepare it for use, take, for ordinary purposes, half a drachm of nitrate of lead, dissolve it in a pint or more of boiling water—(nitrate of lead is a soluble salt, and very cheap; it may be had in any quantity for about a shilling a pound, and should be much cheaper if bought in large quantities)—and dissolve two drachms of common salt in a pail or bucket of water; pour the two solutions together, and allow the sediment to subside. The clear supernatant fluid will be a saturated solution of chloride of lead. A cloth dipped in this solution and hung up in a room will sweeten a fetid atmosphere instantaneously; or the solution thrown down a sink, watercloset or drain, or over a heap of dung or other refuse, will produce a like result. Even the tarnishing of gold and silver plate may be prevented by a rag dipped in the solution being hung up in the room or window where it is exposed.

It will thus be seen that one great advantage of chloride of lead over all other deodorizers lies in its great cheapness. The cost of the quantity of nitrate of lead required for use may be estimated at a fraction of a farthing; it is easily carried about, or may be sent by post; it is a dry solid, is not caustic, nor will it discolor or blister the skin; it can be kept in a paper or a pill-box, and therefore does not require a glass or other fragile bottle. The exact equivalent proportion of nitrate of lead and chloride of sodium would be 100 to 317 in weight. As it is necessary that the whole of the nitrate of lead should be converted into chloride, a slight excess of salt is desirable, but as chloride of sodium in the solution renders the chloride of lead even less soluble than in water, I have adopted the weights respectively as half a drachm to two drachms—sufficiently correct for all practical purposes. 331 grains of nitrate of lead converted into lead chloride are sufficient for 34 grains of sulphide of hydrogen. Now 36.38 grains of sulphide of hydrogen represents 100 cubic inches—a quantity quite ten times larger than under ordinary circumstances we are likely to have to deal with.

In sick rooms, hospitals, and crowded assemblies, we have to deal with the sulphide of hydrogen and ammonium, given off by the resolution of organic, especially albuminous, matter in decay, or eliminated from the living body in fæces, through the skin and with the breath; and it must be borne in mind that whenever great numbers of people are crowded to-

gether in rooms, as in balls, concerts, theatres, or school-rooms, the human body gives off an amount of sulphide of hydrogen, and that it is this, and not the carbonic acid, that makes people exposed to such an atmosphere so depressed, and which, when highly concentrated, develops typhus poison. The quantity is indeed very slight compared with its power of offensiveness, as in the analogous case of various flowers whose scent is most powerful, producing a sensible effect upon the human organism, and yet the agreeable or offensive matter composing it is too small to be detected by any test except the olfactory sense; and hence it is that the small quantity of lead chloride contained in the solution is found practically to be quite sufficient to sweeten the most offensive room, and, in my experience, to deodorize any drain, watercloset, or sink.

A not less important direction, in which the use of the chloride of lead would prove of the utmost value to the navy and the mercantile marine, is for the purification of bilge-water, and of the close, fetid atmosphere between decks in emigrant and passenger ships; easy of transport, occupying little room, and safely stowed away in paper or wooden boxes. The sea-water requiring no addition of salt, the solution is made without trouble, and need merely be thrown into the bilge, where the ship's motion completes the process.

The following cases, which have occurred in my own practice, will illustrate its use and successful application:—

CASE 1.—A lady living in Chester-square, who was suffering from sciatica, consulted me many years ago, and my attention was called to a large tumor in the external part of the hip-joint. The tumor was soft, and not very prominent, had been very gradually increasing, and with its increase the sciatic pains became more severe. Believing it to be a fatty tumor pressing on the sciatic nerve, I could only refer her to a surgeon for its removal. It was accordingly removed by Mr. Lane, and without any hæmorrhage at the time, and proved to be a large fatty tumor the size of a child's head. The sciatic pains ceased, and the patient appeared to be in a fair way to recover speedily the effect of the operation. About a week afterwards I was asked to meet Mr. Lane and found that the cavity from which the tumor had been removed had been distended with blood in a state of decomposition, the patient suffering all the symptoms of blood-poison; small rapid pulse, black sordes coating the mouth, tongue, lips and nose; wandering muttering delirium; she would take no food. The room was most offensive, the smell penetrating to the passages and other rooms. Basins containing Condry's fluid, Burnett's fluid, and bog-earth, were in various parts of the room, but exercised but little influence over the fetid emanation.

Wishing to try the effect of the lead chloride, we obtained, with great difficulty, a small quantity of nitrate of lead, and prepared the solution as above described. A towel dipped in it was hung up in the room, and *instantaneously* the smell disappeared. The wound was dressed, and over the wound some lint dipped in the solution was placed. The next day we met and found our patient sitting up in bed, quite cheerful, with a clean tongue and good pulse, enjoying a mutton-chop and some port wine. The room was perfectly free from smell.

I have had many other opportunities of using this solution with equally satisfactory results, especially in paralytic cases, where, towards the end, the fetor of the breath and emanations from the skin are most offensive.

CASE 2.—Three years ago, after a very severe storm shower, the large drain at the back of the United University Club was burst by the flood, and opened to the atmosphere. A more distressing smell in its immediate neighborhood could hardly be imagined. Carbolic acid was used in the Club, which substituted only one stink for another. I sent the steward for a pound of nitrate of lead, of which half an ounce was used. A towel wetted with the solution was hung up in each room, and the rest poured down the drains, and into the sewer, and immediately all smell was gone. The neighbors, who were unaware of what was being done, expressed the greatest surprise at the sudden disappearance of the nuisance. Although the drain remained open for some days until it could be repaired, there was no more inconvenience felt from the smell.

CASE 3.—The wife of a horse-jobber in a very large way of business, apparently suffering from the poison of carbolic acid used to disinfect the stables where she lived, consulted me. She informed me that although the stables were well drained and well ventilated, the effluvium from the large number of horses and the accumulation of dung was so offensive that they had been induced to use carbolic acid, which, though painfully disagreeable, was not so offensive as the stable exhalations had been. It appeared also that since the use of carbolic acid they had lost seventeen horses, and that they could not help connecting their loss in some way with it. I recommended the immediate disuse of carbolic acid, and in its place to try the nitrate of lead and salt. In a fortnight I saw her again in perfect health, and learned that the stables had, from the first application, become freed from all disagreeable odor, and that the dung-pits into which some of the solution was regularly sprinkled were now sweet, to the great contentment of the horsekeepers and stablemen, with whom the removal of the dung has always been a subject of great difficulty.

CASE 4.—Some years ago, when visiting one of H. M. largest ships, I casually heard loud complaints of the nuisance caused by the bilge water. Through the courtesy of the officers, which was greater than their faith in any possible remedy, I was allowed to try the experiment of removing it, and having procured half an ounce of nitrate of lead, it was dissolved in a bucket of boiling fresh water, and thrown down the bilge when the ship was rolling slightly. The effect was the instantaneous disappearance of all smell; a large white precipitate, which immediately afterwards became black, subsided to the bottom, and the bilge water became perfectly clear. The cost was one half-penny.

I have selected these few cases as leading types of the application and results of chloride of lead as a deodorizer and disinfectant, and only trust that they may be sufficient to lead my readers to continue the experiments in different directions, as I have hitherto found it to be the most simple, the most economical, and most successful of all the processes which have come under my notice.—*Lancet*.

*Sudden Death after Uterine Injection of Iron.*

The following case was reported by Dr. Cederskiöld before the Swedish Medical Society. The patient was pregnant for the second time. A considerable hæmorrhage followed the birth of the child, the uterus did not contract fully, and the fundus could be felt over the pubes. Ergot was of little use, and the hæmorrhage recurred from time to time. Eighteen days later, a strong solution of the perchloride of iron (1 to 7) was injected into the uterus. Every precaution was taken; the syringe was freed from air; the pressure on the piston was gradual, etc.; but, when the injection was half completed, the woman suddenly complained of pain in the breast, stretched backward, drew a few short breaths, and was dead. A *post mortem* examination was held the next day. The small intestines were actively congested; a few spoonfuls of thin blackish fluid were found in the fossa of Douglas, and on the peritoneum in that vicinity there were numerous black spots. The uterus was pretty firmly contracted. The interior of the uterus and vagina was stained dark-brown. The interior of the uterus was uneven and covered with a reddish granulation-tissue, with the exception of the sides and fundus, where three superficial oval ulcerated surfaces were found, each  $1\frac{1}{2}$  to 2 inches long. Here the uterine substance was exposed, and had a ragged surface, in the centre of which there were leaf-like somewhat firm structures, 0.4 inch high and 1.2 inches long. These were intimately united with the underlying tissues and consisted of organic muscular fibres. At the sides of these formations, there were open-mouth vessels, some of them large enough to admit a fine sound, which passed into the larger veins of the uterus. These were slit up and followed into the hypogastric and iliac veins and the vena cava inferior. The blood in these veins was found markedly coagulated and stained brown. Bubbles of air were also found in them. The same condition was found in the right side of the heart. The lungs and other organs presented nothing abnormal.—*Hygiea*.

---

*The Treatment of Vomiting of Pregnancy.*

The interesting paper in the *Journal* of November 6th, by Dr. Copeman, on obstinate Vomiting connected with Pregnancy, has induced me to bring into more prominent notice a remedy which, during the last four years, I have found of great service in relieving, if not in subduing, the ordinary nausea and sickness of early pregnancy. This remedy is dilute phosphoric acid in doses of from thirty to sixty minims in a wine glass of water two, three, or four times a day, as may be required. It is of special value in cases where the nausea becomes extreme at the sight of food, as a dose may be easily taken before meals. Amongst all the remedies for this particular discomfort, I have found none so uniformly efficacious. It may act by powerfully stimulating the nerves of the stomach, or as a corrective (if, as is asserted, the vomitings of pregnancy are alkaline), or in both ways. It is very pleasant to the taste, and I have always found that patients who have taken it in one pregnancy invariably send for the acid when they find themselves in an interesting condition again.—*Dr. Fairbank, British Medical Journal*.

*Case of Paracentesis Pericardii; Recovery.*

The fact that the operation of tapping the pericardium for the removal of effused fluids is still *sub lite* renders the record of every case in which this operation has been preformed peculiarly valuable and interesting, whatever the ultimate issue. In the subjoined case the benefit derived from the treatment was marked, and it is scarcely too much to say that the patient's life was actually saved by drawing off the serous fluid, which was found to measure forty-two ounces.

For the notes of the following interesting case we are indebted to Mr. Thomas Elliott, M. B., late house-surgeon in the Bristol General Hospital.

John M—, aged sixty, a carpenter, was admitted into Bristol General Hospital, on April 26th, 1875. Forty years ago he had rheumatic fever, and again two years later. His heart, he stated, was affected two years prior to the first attack. After these illnesses he enjoyed very good health till the close of the year 1874. He served as an "army carpenter" out in the Crimea, where, to use his own expression, he had "a lot of rough work." A month before Christmas, 1874, he was confined to bed for a week with rheumatism. For the two months prior to admission he had been "complaining," and troubled with a cough, and two weeks before admission his feet and legs began to swell.

On admission there was general anasarca, shortness of breath, and a feeble pulse. Heart-action rapid and irregular, with an indistinct systolic mitral bruit. Lungs anteriorly resonant, posteriorly resonant at right base, dull at left base; respiration exaggerated over right side, tubular at left base.

On April 28th the patient was much worse, apparently moribund. Breathing very oppressive, and could only be carried on when the man was lying on the left side, and slightly on his face. The face was of a livid color; veins in neck full and tortuous, but not pulsating. Heart's apex could not be seen or felt; area of dullness greatly increased, but difficult to define on account of external oedema. The sounds were very distant and indistinct, almost inaudible. Lungs resonant anteriorly and at right base, dull at left base; respiration exaggerated over right side, tubular at left base; no appreciable difference between the two sides in conduction of voice sounds.

From these symptoms and signs Dr. Burder concluded that the patient's great and immediate distress was due to dropsy of the pericardium, and that therefore paracentesis should at once be done. The operation was performed by the house-surgeon (Mr. Thomas Elliott) by means of Dieulafoy's pneumatic aspirator, the needle being inserted between the fifth and sixth ribs, and an inch to the right of the nipple. Forty-two ounces of clear, pale, straw-colored fluid were drawn off. Towards the close of the operation the apex of the heart was felt to strike once or twice against the needle, but it ceased on placing the needle more horizontally. It is here worth stating, especially from a practical point, that for cases of paracentesis the needles of the aspirator might with advantage be graduated. At times it is extremely difficult to estimate how far the needle has penetrated, as it was in this case, where there was a considerable amount of external oedema.

The patient expressed himself as easier after the operation, but it was not till some hours after that there was any marked improvement.

On April 29th the patient looked much better; the face was of a better hue, breathing much easier, and he could lie on either side or on his back. Respiration 50 per minute; pulse feeble. Dullness over base of left lung diminished, and not extending so high upwards. Respiration over same region much more audible, with some moist sounds. Area of heart's dullness definable, sounds not so audible as immediately after tapping. On April 30th the improvement was greater, the pulse was much stronger, and the general anasarca had gone down a good deal. On May 2d he said that he had slept but little the last two nights, on account of continued coughing, but the next night he slept much better. On May 3d he could lie on either side, but said that if he did so he must be well over on his face, but he preferred lying on the left side. Heart-sounds indistinct; lower extremities more œdematous.

From this time he continued to improve, and on May 31st the dropsy had entirely disappeared and the heart's apex could be seen and felt beating about an inch below the left nipple. The area of dullness was definable and greatly diminished; the sounds were louder, and an indistinct bruit, apparently louder towards the base, but not carried up and along the large blood-vessels, could be heard. There was still a line of dullness posteriorly at right base, where also the respiration was feeble. After this he sat up daily, but if he made any exertion he suffered at once from dyspœa and palpitation. The heart's beat was less distinct and was more to the outer side of left nipple than before; sounds irregular and confused.

On July 6th he was discharged as an out-patient, much improved, and able to move about more freely.—*Lancet*.

#### *Diphtheritic Croup.*—By HUGH ROSS.

Have been looking for something in regard to diphtheritic croup, and at last the question comes, "What do you do for diphtheritic croup?" I have been in this locality four months, and it is my first field of practice, and to my consternation I found that this was the disease I had to face; and as Homœopathy was new and untried by the people, I naturally felt very uneasy in regard to any cases that I might be called upon to treat, and therefore applied myself to the study of the disease diligently, and compared the drugs that were recommended in the different works on practice. Soon enough for me I received some cases for treatment. The symptoms of the majority of cases were as follows: Commencing mostly with a chill and great prostration, so that the patients were at once confined to their beds, the fever now making its appearance, and pulse running so fast that in many cases it was impossible to count. The mouth and fauces are soon covered with a thick, grayish coat; the tongue is also heavily coated, is elongated, ridged, and trembling; through the coating protrudes bright-red papillæ, and the edge of tongue presents a very dark-red and glistening appearance. *Breath very fœtid*; the throat swollen somewhat outwardly, with pain shooting into ear; no cough at the com-

mencement of disease, but the nasal passages are soon filled up and the breathing is carried on through the mouth; in some cases typhoid symptoms are quite prominent.

Now for treatment. After comparing many remedies, chose *Baptisia*, tinct. and 1st, with intercurrent remedies when indicated. Treated eight cases, and all recovered. Under Allopathic treatment about one half died.

**BAPTISIA INDICATIONS.**—Stupefaction and drowsiness; tongue coated white, with red papillæ protuberant, followed by yellow, brown coating in the centre, the edges red and shining; fœtid breath. Intense heat of skin, which may be dry or moist. Fever, with drowsiness; pulse one hundred and twenty, and thready; lips parched and cracked; pasty tongue, heavily coated; thirst; mind wandering; could not get a direct answer; delusions at night, and low muttering. Very great prostration of the whole system.—*Medical Investigator.*

***The Hydrostatics of the Catheter.*—DR. ROBERT SOMMERVILLE.**

The mechanical disadvantage to the bladder, of having to raise the urine four or five inches above its own level, is easily illustrated when the female bladder is being emptied with a flexible catheter. The urine runs freely enough if the nozzle of the catheter be kept down, but the stream is at once arrested if the end of the instrument be raised a few inches.

By using a very long, flexible catheter, and bending down the outer half of it so as to make the urine leave the instrument at as low a level as it enters it within the bladder, we balance the column which is obstructing the evacuation with one which facilitates it, and the only thing required of the bladder, in this case, is to overcome the friction of the urine against the interior of the tube. By bending down the end of the catheter still further, we convert it into a syphon, the long leg of which is external, and the descending column of urine more than balancing the ascending one, the urine, having once begun to flow, is bound to go on running until the bladder is entirely empty. The urine no longer requires to be pressed out, it is drawn out.

All that is required to convert the ordinary metallic catheter into a syphon, is to have its external extremity end with a downward curve, and to slip on to it the end of an India rubber tube. The tube must be considerably longer than the catheter, in order that it may form the long leg, and the catheter the short leg, of the syphon. When, therefore, the catheter, with the tube thus attached to it, is introduced into the bladder distended with urine, and the external end is bent down towards the patient's bed, the first gush of urine fills both catheter and India-rubber tube, and flows out at the extremity of the latter. We may now allow the catheter to assume the position that the elasticity of the patient's tissues, uninterfered with, assigns to it. The external end of the catheter will spring up, yet the urine will continue to flow; for the syphon having once commenced to act, the emptying of the bladder will go on until the whole of what it contains is drawn off.

This proposed method of using the catheter as a syphon is very simple,

very convenient, and very clean; it completely empties the bladder; it reduces the irritation of the mucous membrane by the catheter to the least possible degree, and it avoids entirely the temptation one often has, when the urine has ceased to flow, to raise the patient into an erect or semi-erect position—a proceeding never devoid of danger with a metallic catheter in the bladder.—*Edinburgh Med. Jour.*

---

*The Meteorological Conditions Preceding Extensive Epidemics.*—By A. W. WOODWARD.

Dr. Southwood Smith, late medical advisor to the General Board of Health for Great Britain, says, in speaking of epidemics: "Among the premonitory indications of their approach will be found a disturbance of the regular and ordinary condition of the atmosphere; an inversion of the seasons—summer in winter, and winter in summer; long continued drought, followed by protracted rain-fall, causing rivers to overflow, and seed to rot in the earth; clouds moist, and fog forming excessive dampness which penetrates everything. These conditions favor the generation of locusts, caterpillars, flies and frogs, which cover the face of the earth. As a sequence of these follow dearth and famine, closing the long series of calamities. Such, in all ages and countries, have been the recognized portents and precursors of a coming year of pestilence." Other facts are:

1. An increased pressure of the atmosphere, greatest at the worst period of the epidemic.
2. An increased density of the atmosphere, *not* arising from an increase of watery vapor.
3. The quantity of water in the air was 1-20 less than the average, at the same time that the mean weight of a cubic foot of air was two grains above the average.
4. An unusual alternation of heat and cold, yet the heat predominating to such an extent that in localities it rose as much as from two degrees to eight degrees above the average.

These facts were more suggestive when the rise or excess of temperature occurred at night. And the high temperatures were always highest when the mortality was the greatest.

We are without doubt on the eve of an extensive epidemic of unusual severity and fatality. Everything points to it, and men's minds are prepared for it.—*Medical Investigator.*

---

*Irritability of Female Bladder for fifteen years, cured by Dilatation of Urethra and Neck of Bladder.*—HEWETSON.

An unmarried woman, 36 years old, suffered intensely from retention of urine, relieved by the catheter; the quantity of urine voided being such as must have distended the bladder nearly if not quite up to the umbilicus. She had been a schoolmistress, when, fifteen years before, she had had "inflammation of the bladder," terminating in a small abscess in the region of the urethra, which had spontaneously opened. Since then there had been headache, anorexia, "bearing down," depression of spirits, and

nights disturbed every half hour or hour, by the necessity of passing small quantities of urine.

The orifice of the urethra was surrounded completely by warty growths of considerable size, and there was a tight sphincter ani. The rectum was baggy, and there was a small external pile. Uterus, catamenia and urine, normal.

The patient was anæsthetized, the warty growths removed, the pile snipped off, and the sphincter paralyzed, by stretching with the forefingers. During the next few weeks, there was relief of retention and pain in the motions of the bowels, but the vesical irritability remained, and in time the retention recurred.

On the 11th of April, the patient was again anæsthetized, and Weiss's female dilator was introduced into the urethra to the extent of about two inches, the blades being then *slowly* separated, and the urethra stretched so as to admit the forefingers within the bladder, while the parts were kept on the stretch. On closing the blades and withdrawing the instrument, the urethra contracted upon the little finger so as to sensibly grip it when introduced into the bladder, the coats of which were thickened. No foreign body was discovered there.

The irritability of the bladder and retention of urine were *completely* cured, without resulting incontinence.—*Lancet*.

---

### *Advice to Consumptives.*

It is now a well established principle in therapeutics, that an out-door life for those predisposed to phthisis, or in the incipient stage, is prophylactic and curative beyond any other course. Owing to the absence of rain for six months of the year, and the small number of rainy days in the other six months, California furnishes opportunities for carrying out this plan almost unrivaled in any other country.

"Camping out" is getting to be a common practice with invalids. A party is formed, and some mountain nook or other desirable spot is selected, where, with tents and simple bedding and cooking utensils, the company spend their time in fishing and hunting and recreation of all kinds; and if, happily, they are provided with the intellectual means, in the practical study of the charming Book of Nature. Not only do consumptives in the early stages of disease—in the early stages alone, however—encounter with safety the exposure, but they almost invariably improve in health and strength.

I regard this subject as of great importance, and well worthy of more attention than has hitherto been conceded to it by the profession. Having been applied to frequently by letter from the Atlantic States, and personally by visitors seeking a health resort on this coast, to escape from threatened pulmonary disorder, and having in former years recommended such applicants to towns and settlements in the interior or in the south, I have more recently adopted what has certainly proved to be a better course, and which is embodied in the following instructions.

"Set out and seek for yourself the place you want. If you are able to ride in the saddle, be sure and do so every day, wherever you are. Stop at a place only as long as your health improves. Buy a horse or a mule

mount him, and strike out through the country, over vale and mountain, on an exploring expedition. If the weather is hot, use the early morning and lay by from the hot sun, or for other good cause. Keep moving, up to the point of endurance. Eat anything your appetite craves. Accustom yourself to rough, wholesome fare. Drink all the milk you can, and if you can't get milk, drink cream. Avoid all spirituous and fermented drinks, especially if you have an appetite for food or milk. Always wear flannel next to the skin. Never omit the daily worship of Cloacina.—*Harry Gibbons, M. D.—Pacific Med. Jour.*

*Tela Araneæ or Spider Web, in the Treatment of Chronic Intermittents.* By L. M. JONES, M. D.

Having had some experience with this remedy lately in these troublesome affections, I give it for the consideration of the readers of the *Lancet* and *Observer*.

I will give the history of a case of chronic intermittent that came under my care, and the treatment in the same, in order to compare *tela araneæ* with other remedies given.

In December, 1874, I was called to see Nellie P., æt. 10, suffering with tertian intermittent fever, which trouble she had been afflicted with for over two years. She was of a bilious temperament; very much emaciated; icterus hue of skin and conjunctiva; abdomen distended, which on palpation disclosed an enlarged liver and spleen, the latter extended to the crest of the ilium, and could be easily traced through the abdominal parietes; bowels constipated and relaxed alternately, urine very highly colored, with frequent desire to urinate, especially was this the case during the febrile stage; cough troublesome, but on examination could not detect disease of the lungs; heart during the paroxysm and subsequent reactionary fever exhibited great irregularity of action; œdema about eyes and face.

Paroxysms occurring regularly every third day; cold stage lasting from one to two hours; fever from six to eight hours; pulse 120 per minute; skin hot and dry; patient delirious, with nervous twitching of limbs; respiration hurried; fluttering of heart; great thirst and at times sick at stomach; during the high fever incontinence of urine, which passed in great quantity and of very offensive odor. During the intermission the patient would be up and about the house. It was evident from the length of time that the patient had been afflicted, and the deranged condition of the system, the grave character of the symptoms, that I had one of those perplexing chronic intermittents to treat, which annoy and discourage the patient from the long delayed relief. As several reputable physicians had treated her without success, and ague specifics had been tried in vain, I was fully aware that I had a harassing case on hand, and withal one not devoid of interest.

Without saying more, I will give the course of treatment that I pursued. I give the prescriptions numbered in the order that they were used in the case, with the exception that they were sometimes refilled with other treatment to suit indications.

1st. R. Liq. potassæ arsenitis, ℥iv.; Fld. ext. taraxaci, ℥iiss.; Syr. simplex, ℥i. M. S. Teaspoonful after each meal and at bedtime.

2d. R Chinoidine,  $\text{zii.}$ ; Nitric acid, dilute,  $\text{f\ss i.}$ ; water,  $\text{\ss i}$  M. S. Take five to eight drops in water every four hours.

3d. R Quinise sul., grs. xxx.; Arom. sul. acid,  $\text{\ss s.}$ : Tinct. gelseminum,  $\text{\ss i.}$ ; Liq. potassæ arsenitas,  $\text{ziii.}$ ; Tinct. menth. piperitis,  $\text{\ss i.}$ ; Syr. simplex,  $\text{ziii.}$  M. S. Teaspoonful every four hours.

4th. R Ext. eucalyptus globulus,  $\text{\ss i.}$ ; Ext. glycyrrhiza,  $\text{\ss i.}$  M. S. Teaspoonful every two hours. Of this she took two bottles in succession.

5th. R Tinct. iodine,  $\text{ziii.}$ ; Fld. ext. taraxaci,  $\text{\ss i.}$ ; Syr. lemon,  $\text{zv.}$ ; Syr. simplex,  $\text{\ss i.}$  M. S. Teaspoonful after each meal and at bedtime. She took two bottles of this in the course of treatment.

Further than this I will not give the course of treatment, as it was a repetition of the course as above given, with the exception that I did not follow out the routine in my subsequent treatment; however, I gave quinine freely for several days in succession, compound chinoidine pills, composed of chinoidine, sulphate of iron and piperine; I gave cathartics, including calomel in full and in broken doses. This treatment was kept up for several months, alternating from one to another, when I thought necessary to make a change. And yet, I could not break up the paroxysms longer than one week, when they would return, and this intermission would occur at long intervals.

I concluded that I would stop this specific treatment, and give tonics, and prescribed the following:

R Quinise sul., grs. xxx.; Mur. tinct. ferri,  $\text{ziii.}$ ; Phos. acid dil.,  $\text{\ss s.}$ ; Syr. lemon,  $\text{ziii.}$  M. S. Teaspoonful every four hours.

She was kept on this prescription for two or three weeks, when her mother came to me and stated that Nellie's chills were getting worse, and that if I could do anything for the child, to do it. I dismissed her with something as a placebo, and set myself to reviewing the case and my treatment. But what to do next was the question? When I happened to remember that spider web had been used in intermittents, and on referring to the U. S. Dispensatory, I found that Dr. Robert Jackson claimed that it was superior to bark and arsenic. This it had to be in my case at least, as quinine and arsenic had failed to do any good.

Accordingly, I went to the drug store and had some prepared in the following manner: went with the druggist to the cellar (as it is the species of spider that inhabits cellars or dark places, that possesses medicinal properties), and with a stick I gathered cobwebs until I had a wad or bunch the size of a large hulled walnut.

This we put in a bottle with four ounces of good whisky, which was allowed to macerate for forty-eight hours, when it was filtered and the liquid poured into a bottle. I carried the medicine to my patient, and left the following directions: Begin four hours before the expected chill, and give a teaspoonful every hour, until she had taken four doses, then a teaspoonful before each meal and at bedtime, until all was taken. The medicine was given as directed. The anticipated chill came, but was very light compared with the others. This, however, was the last chill that she had, which has been over four months since.

Her general appearance has improved, color of skin is clear, the spleen

has returned to nearly its natural size, bowels regular, appetite good, in fact the child has so far improved that her friends call her well.

The patient and relatives did not know what she was taking, and are still ignorant on the subject, so that the mind of the patient had nothing to do in the performance of the cure.

I gave her the second bottle of the medicine, to be certain that the cure was effectual.

I have since used the remedy in other cases, with the same success, and would ask that the profession give the remedy a trial in the various intermittents. I will offer no comments on the case that I have cited, or give any theory as to the action of the remedy, but shall leave the reader to his own views. I give a history of this case, because I considered it an interesting one in several particulars; also was particular in giving the treatment, that a comparison might be made in the remedies used and the results obtained; and that the reader might see for himself that the treatment adopted by the writer was a varied one. I will add in conclusion, that either of the prescriptions given will break up an ordinary case of intermittent fever, chronic or not.—*Cin. Lancet & Obs*

#### *Chloral as a Local Application for Ulcers.*

On visiting the wards of Guy's Hospital on the 7th of October, we saw several patients on whom a solution of hydrate of chloral had been used as a local application to ulcers, and the results appear to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as a hypnotic. Whether it is taken up into the circulation or not matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that, were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping-draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water.

The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with rapidity in some cases quite astonishing.—*Med. Times and Gaz.*

## EDITORIAL.

### *The Study of Therapeutics and Materia Medica.*

If every physician could be convinced that it was necessary for him to make a study of the action of remedies in the cure of disease for himself, and not place his entire reliance upon the teaching of the books, practical medicine would advance rapidly. The dependence upon authority dwarfs the mind, obscures the senses, and forms an almost impassable barrier to individual observation. "If these men, learned, in high social position, and with all the appliances of science, have not been able to go further, what can you expect to do who have none of these?" This question, asked by one who claims to be a leader in Eclecticism, I propose to answer, and show that the poorest, most ignorant, and feeblest of physicians may do a great work for himself, and something for the general advancement of medicine.

Every man has some spare time, which he should utilize in study, and I propose that a portion of this be devoted to the study of remedies. Take your Dispensatory or Materia Medica, and make a list of the drugs you know something about, preparatory to a classification. In this classification you may take any statement of the books that your experience has confirmed, but do not take anything upon the authority of the writer alone. Having the group of agents before us we propose to classify them ourselves, and to put it in writing, that we may have it before us for revision as our experience grows larger. We will make the simplest groupings of medicines first.

Let us say, remedies may be first divided into two great classes—those which have a *general*, and those which have *local* action. Of course many medicines will have both a general and local action, but one will be decidedly first and prominent, so that with the majority the classification is readily made, as for example:

#### GENERAL REMEDIES.

Aconite.  
Veratrum,  
Quinine,  
Baptisia,  
Rhus,  
Macrotys,  
Lobelia,  
The Sulphites,  
Alkalies,  
Acids.

#### LOCAL REMEDIES.

Gelsemium,  
Nux,  
Podophyllin,  
Leptandrin,  
Chionanthus,  
Uvedalia,  
Hamamelis,  
Eryngium,  
Viburnum,  
Ipecac.

You notice that it requires a little thought to make this classification, and you read your authors with more care, and recall your experience with remedies more fully, in order to do it satisfactorily. Of course this work requires time, but it gives an education of the mind that could hardly be obtained otherwise.

If now we say of the action of remedies, both general and local, that they must either increase, diminish, or change from the normal standard,

we will be enabled to make a second grouping in these classes. We might call these excitants, sedatives, and using the old term with a new meaning—alteratives. Taking the action of remedies in small doses, we might make a grouping as follows :

SEDATIVES.

Veratrum,  
Aconite,  
Gelseminum,  
Rhus,  
Cactus,  
Pulsatilla,  
Macrotys,  
Asclepias,  
Ipecac,  
Eryngium,  
Drosera,  
Bryonia,

EXCITANTS.

Quinine,  
Nux,  
Belladonna,  
Lobelia,  
Podophyllum,  
Sanguinaria,  
Phosphorus,  
Arsenicum,  
Apis,  
Apocynum,  
Iron,  
Cuprum,

ALTERANTS.

Baptisia,  
The Sulphites,  
Leptandra,  
Phytolacca,  
Iris,  
Drosera,  
Stillingia,  
Collinsonia,  
Viburnum,  
Graphitis,  
Acids,  
Alkalies.

As you read the lists over, you are not so certain it is well done ; you would shift the agents from one class to another, or at least you would "have to think about it." That is the very object we have in view, and in " thinking about it," you will learn more of *Materia Medica* than you could possibly learn in any other way.

If now we take our group of general remedies, we find that we can make sub-classes according to the action of the medicines upon different functions or parts which are general. Thus we have a nervous system which controls the body, divided into brain, spinal cord, and sympathetic, and the remedy may expend its principal force upon either the one or the other. We have a blood which is the common source of supply, and the common sewer of the whole body. The remedy may influence the structure of the blood in any of its several parts, or may influence the sewage float in it. Then we have the circulation of the blood, and we may have wrongs of this, which are in frequency, impairment, or irregular distribution. We have a lymphatic system common to the entire body which may be a source of disease. The apparatus for the removal of waste, is also to be taken into the estimate, for we have here sources of general disease. And finally we have to take into consideration the conditions and forces of life—heat, electricity, and formative force.

The reader will notice that classification grows more difficult as we progress, and calls for closer study, and more thought. But it has this in its favor, that it brings out all we know of medicine, and enables us to classify our own knowledge and that of the books so as to make them useful.

When we study local remedies we find that they may be classified in a similar manner, some of them readily, others with difficulty. We have remedies that influence the respiratory organs, the digestive apparatus, the urinary apparatus, the excretory apparatus—skin, kidneys, bowels—the brain, etc., etc. We find also that some remedies may be classified as they influence special tissues—mucous membranes, serous membranes, connective tissue, bones, etc. We find that remedies not only have an elective affinity for parts, but their influence is uniform in health, and in similar conditions of disease.

Let us call this the first study of remedies, a study that recalls and fixes that which we know, and that gathers from books the essential facts, or what seems to us essential facts of drug action. It is work, but I will guarantee that the physician comes out of it stronger in mind, and very much better able to prescribe for disease.

There are some things which can only be learned by experiment, and I would urge every one to some effort in this direction. You have your own bodies, and though you may value them highly, it will do little harm to test some medicines upon your own person. One can also, occasionally, persuade a friend to take a part in testing a remedy. There is nothing in medicine that I would not test on my own person, if I was engaged in studying its action. Very certainly, if the physician has occasion to take medicine for any disease, he should carefully note its effects from hour to hour.

Let us call this the second method of studying remedies. It is the Homœopathic method, though employed to some extent by all classes of physicians. It gives most excellent and reliable results, and we can not afford to dispense with it.

The third method is by carefully studying the effects of remedies administered for disease. This study can only be made to advantage where notes are kept, when care is used in the diagnosis, and when single remedies, or remedies that act in the same way, are employed. It is true that we can carry something in our memories, and by repeated observations, facts will become familiar, but it is not a good plan to trust the memory too far.

There are two things we want to know—the expression of disease, and the action of remedies—and in so far as we can we want to associate them together. We may keep a record of cases with but little writing, if we have a plan to commence with. One word will sometimes express the condition of disease, it will rarely require more than a line. We write of one fever, to another we prefix the word intermittent, remittent, continued, typhoid; or it may be variola, rubeola, scarlatina; or catarrh, laryngitis, pneumonitis, enteritis, phrenitis, etc. We have a whole history of the common progress of a disease in a word or two. Now when giving remedies we may note nearly as briefly the reason why we have selected the remedy, as—Pulse small, frequent—Aconite; pulse frequent, sharp—Rhus; veins full—Podophyllum; tissues full, œdematous—Apocynum; muscular pain—Macrotys; nervous, free from fever—Pulsatilla; periodicity—Quinine; dull, stupid, sleepy—Belladonna; pain of serous membranes—Bryonia; dusky coloration of surface, or mucous membranes—Baptisia; mucous membranes deep red—Acids; mucous membranes pale—Alkalies; feeble heart—beef-tea; strong circulation, high temperature—boiled milk.

I give examples as my memory recalls them, but I think that the majority can have a record in about as many words. We do not want to write a book for other persons, but to make such notes as will enable us to recall the entire history of the disease, with its expressions that have suggested the use of the remedies employed. The reader will see that the record of the effect of the medicine can be easily kept. A 0 will

tell the story of no effect, and a group of half a dozen adjectives will note the more important influences that we wish to record.

I do not know but what this paper will be a waste of time, for there are so few who seem to have any desire to make progress. Yet if but a score or a hundred were prompted to this thorough study by what I have written, we will have accomplished a great deal. As I have remarked before, our School must advance or die, and to advance we must have men who give medicine a thorough study.

---

### *Jaundice, a Later Phase of Catarrhal Fever.*

During the past four weeks I have seen a larger number of cases of derangement of the liver, than I have for the ten years preceding. It has commenced with considerable pain in the right hypochondrium, after a time involving the stomach, and associated with colicky pains in abdomen. The patient complains that everything stops in his stomach, and both food and drinks increase the suffering. The skin is dry and harsh, and shows at first an unpleasant dirty-brown hue, the features are pinched, and the eyes dry and sunken. The desire to have an evacuation from the bowels, and the feeling that it will give relief tempts the person to take, and the physician to give a cathartic, and the result is a beautiful golden color of eyes and skin. Two cases in my practice show every phase of the old-fashioned jaundice, even to the indisposition to get well.

The uneasiness and pain in the region of the liver, and extending to the abdomen, is an unusual feature, and might cause the physician to give opiates, but if possible these should be avoided.

My first case I treated with Aconite and Bryonia, and for two days he got along well, and by the addition of minute doses of Podophyllin, I hoped to get a speedy cure. But an hour's work in his shop started the disease afresh, and the ordinary remedies seemed to have no influence upon it. The region of the liver was most exquisitely tender, the entire abdomen was growing tender to pressure, the patient could not bear to be moved, and tympanitis was becoming marked, and he was as yellow as gold. It looked very much like terminating in a funeral.

Fortunately I bethought me that the Chionanthus (fringe-tree) was recommended as a specific in jaundice, and I commenced its administration in fifteen drop doses of the tincture every three hours. I have never seen speedier relief given by medicine. The second dose relieved the pain so that he obtained some sleep. In twenty-four hours, the patient could move without pain, and the tenderness on pressure had passed away to a considerable extent, and without other treatment there was a rapid convalescence.

I have given it in seven cases in all, and in every one with most satisfactory results. True, this is a limited experience, but the action of the remedy was so prompt and decided, that I feel like recommending it to others for trial. I may say that in but two of the cases was the jaundice well developed, but all had the peculiar pain in the liver, wrong of the stomach, and dry, harsh skin.

*Ohionanthus Virginica*, (Fringe-Tree).

This remedy, brought to our notice by Dr. I. J. M. Goss, of Georgia, has been used to a limited extent by our practitioners, and I have had very favorable reports from it. An article by Dr. F. C. Gale in April number presents the remedy in a fair light, and will be read with interest. But as we rarely have the class of diseases in Cincinnati for which it was recommended, I have not tested it until this Spring, as above noted. I make it a rule to try every new remedy on my own person, and on such others as I can persuade to sacrifice themselves for science, and so I have tested this, with the following result:

Monday, March 12th.—In good health, with the exception of some derangement of the brain taking the form of *aphasia*. Took 30 drops of a strong tincture at 1 P. M.; at 2½ P. M., sensations of contraction in the stomach as if some living thing was moving in it, with uneasy sensations in the region of the liver, and occasionally in the spleen; rheumatic pain in left ankle and tarsal bones. Unpleasant sensations in stomach and hypochondria increase, and at 5 P. M., they have become very annoying; sensations like spasms or palpitation of the heart, in the stomach; uneasy sensations in the region of sigmoid flexure, as if caused by flatulence; uneasiness in right hypochondrium, extending to left iliac-region; tongue coated yellow in the centre—previously clean; pulse markedly smaller and weaker; rheumatic pain in left carpo-metacarpal articulation of left thumbs; evacuation of bowels at bedtime, of a black, tarry-looking feces. Slept well; on waking had pain for a short time in the spine, from the seventh to tenth dorsal vertebrae. The head was remarkably clear for a few hours, and all the symptoms of *aphasia* had disappeared (unfortunately they returned the next day, though not nearly so bad.)

The sensations in the region of stomach, liver and spleen, were so marked that no one could mistake the locality of the action, or the certainty of the action. The effect was shown in coating the tongue, in the evacuations from the bowels, and in the urine—which evidently contained a considerable amount of bile-coloring material.

I gave it to Mr. G. with about the same results, and to Mrs. N., who found a single dose of 10 drops produce all the sensations named in so unpleasant a form, that she could not be induced to repeat the remedy. In the last case there was a feeling as if the bowels were about to run off violently, from the action of a purgative, with the nausea usually associated with such action, though there was no discharge from the bowels.

*A Centennial Joke.*

I attempted a joke in the March number, which requires some explanation. I remarked that this was the last "Centennial Year" that I should edit the Journal. Need I say that I do not expect to live a hundred years and see another "Centennial?" But I do expect to edit the Journal more than this year, though if a man was "raised up" to take my place I would gladly vacate.

It is hard work to edit a medical journal and keep it fresh and interesting, and thus keep a growing subscription list. Almost any one could

furnish material for a single issue, and I doubt not every one thinks that he could edit a paper, run a hotel, run a wife, or run for Congress, as well as any other fellow. But try editing a journal for a dozen years, and you will pump yourself dry a good many times.

### *Special Symptoms Indicating Remedies.*

It is urged by some, that there is no certain relation between symptoms and the curative action of remedies, and that a system of medicine based upon this is absurd. Others admit this relation in part, but claim that it is not certain. Others still admit the relation and its certainty, but claim that it can not be learned so as to give a basis for certain prescribing.

If there is no such relation, as claimed by the first class, the practice of medicine is mere guess work; or a routine of giving drugs, pretty nearly the same in all cases of disease. Looking at the prescriptions of some physicians, and their success, we conclude that it is wholly guess work. Some guess off the disease, as they would the weight of a pig, and then guess off the medicines. Others, again, put every patient through the same routine of physics, nauseants, diaphoretics, diuretics, quinine, opium, and counter-irritation. It makes little difference where the disease is, or what it is, the medicines are taken from the same half-dozen or dozen bottles, and there are the same unpleasant drug-effects.

Even if there is nothing in Specific Medication, we have not and can not lose anything. If when we say we have traced a direct relation between an expression of disease, and the curative action of remedies, we are wholly mistaken, we can not do worse than our guessing friend, and we shall certainly do better than either he or our routinist, for we will give our remedies in such small doses, that they can do but little injury.

But I think that we have not a reader, who does not know of his own experience, that there is a direct relation, as named, at least in one or more cases, and I think he will concede, that if we find this relation in one case, we will find it in more by looking. This method of study is young, and we should not expect too much of it; we are prejudiced, and we should not expect too much of ourselves—"it is hard to learn old dogs new tricks."

I make the propositions now, that if a certain class of agents known as drugs so influence the sick human body as to bring it back to health, there is as definite a relation between this body and the drug, as there is between a falling body and the earth. The relation is a natural one, and governed by fixed and immutable law, and it is possible to determine it though we may not be able to explain how or why. It requires two series of observations—the one to determine the exact condition of the body sick, the other to determine the action of the remedy upon the body in this condition.

Now let us have a few examples in illustration. I ask you the question—"in what case will you give Apocynum?" You may answer, in dropsy, yet it will not cure all cases of dropsy, and it has a far wider range than the treatment of dropsy. But how do we know, and why do

we say that it will cure dropsy. Because experience has shown that in a large number of cases there is a direct relation between the symptom dropsy and the Apocynum (?) Might we not go one step further, and by observation determine the exact cases of dropsy that it would cure? Or will you say with some of the older writers—"it is emetic, cathartic, diuretic, diaphoretic, expectorant, etc., etc.," and expect us to get its use from this?

Evidently this is a poor basis for a rational practice of medicine, and yet we can see from what has been said, that we may have a better, if we will only observe more closely. For instance, we have associated the curative action of the Apocynum with dropsy; the most common form of dropsy not due to local disease, in its first stage, is oedema—that is, oedema is a symptom of a general condition of disease. Therefore we say that this fullness of tissue from effusion is the best indication for the curative action of Apocynum. Thus with this we will find that Apocynum will cure a cough or a diarrhoea, a fever or an inflammation, a disease of the uterus, or a disease of the brain, if the diseases are curable.

If we take a remedy like Nitric Acid, which is not "emetic, cathartic, diaphoretic or diuretic, stimulant or tonic," we must use it by guess, selecting it because "it has proven useful," or "it has been used with advantage in." You might say, give it in whooping cough; why? Because it has been used with advantage in whooping cough. Or give it to stop night sweats; why? Because it is recommended for night sweats. But if I tell you that you can use Nitric Acid as a remedy in all cases showing *violet-color* of mucous membranes, and you find that it is curative in such cases, we have something definite and tangible, for this year and all other years, for this disease, and all other diseases.

We all know that *periodicity* is the indication for the curative action of quinine. But there are hundreds and thousands, who, knowing this, will not confine the use of the remedy to these cases. They say, Quinine cures fever, and I will use it to cure all cases of fever that come into my hands. They will give it in continued fever, typhoid fever, in the large doses repeated every day, though it racks the patient with suffering, and prevents his getting rest. I have seen one of the "learned" professors of this city (Dr. Bartholow) do this thing in typhoid fever, and have known of his giving huge doses of Quinine to a patient in the last stages of a consumption to "break the fever," thus irritating the nervous system, destroying rest, and embittering the last days of one who could not by any possibility live.

We not only know that periodicity is the indication for Quinine, but we also know that in cases where we have this indication, the remedy will frequently fail and act unkindly. Now I ask the question, can you not tell, if you examine your cases closely, the cases in which it will act kindly and prove curative, and the cases in which it will act unkindly? I know men who can tell it every time, and they can do so because they have studied the expressions of disease carefully. If careful study will accomplish this in the case of Quinine, why will it not do it in other cases?

If we take the common remedy, Podophyllin, I know, and you should know, that there are many cases in which it acts very unkindly, and does

the patient a wrong; that there are other cases in which its action upon the intestinal canal is about the best of any of the cathartics, yet it does not show any marked action in arresting the progress of disease; and that there is still another class in which its action is rapidly curative, whether it be a fever, inflammation or what not. You have seen these cases, and should and probably do know them so that you can distinguish one from the other. If you can make this diagnosis, you can make a rational use of Podophyllin; if you can not, you had better not purchase any. If the patient is "pinched," the skin dry and harsh, mucous membranes dry, never give Podophyllin. If the skin is moist, mucous membranes moist, some fullness of tissues, you may use Podophyllin as a cathartic with safety. If you find marked fullness of tissues, with *fullness of veins*, the remedy will prove curative.

How do we learn these things? By observation. If we can learn it by observation in the case of ten remedies or one remedy, I claim that it can be learned of the entire *Materia Medica*.

### *Laws Regulating the Study and Practice of Medicine.*

There is nothing more absurd than the making of laws, "to elevate the standard of medical education," and to protect the people against incompetency. Can you enact that all men shall be virtuous, all men pious, all men learned in the arts and sciences; that all men shall have houses and lands, stocks and bonds, the cattle on a thousand hills; that all maidens shall have men, and all men maids; that all sin shall be banished from the world, and all sickness shall go with it? These are all good things, and there is no reason why we should not have them, if all that is needed is an act of the Legislature.

Supposing we have a law that all men shall be exactly five feet ten inches high, and measure thirty-nine inches around the chest, and eat just eight ounces of food three times a day. This would be an accommodation to persons who like to see uniformity, and especially to dealers in ready-made clothing.

We might enact that all lawyers should be honest, and all ministers should be so virtuous that they would take their wives or some ancient female with them in making pastoral calls.

There is no end to the good that might be done in this way, if an "act of the legislature" was a legal tender. But unfortunately it is not—it may mar the good of society, but it can not make it. If the people want educated men, men will be educated to meet the demand. If the people want to take Brandreth's pills, or Bull's Syrup, of Sarsaparilla, you can not force them to take your Calomel and Jalap, or Blue Pill. If men and women want Homœopathy, you can not force them to take a *regular* druggist, and if they want a lobelia puke, they will very surely have it.

There is little use of prescribing the attainments of those seeking a medical education. If a man wants to study medicine he *will* study medicine, and if the people want him to practice medicine he *will* practice medicine.

I concede that we require (or wish) a higher medical education. I

concede that the attainments of the average student are very much lower than they should be, but it is the fault of a new country, of our want of facilities for education, and our poverty. There is no student, however low he may start, but what may make the highest attainments before he dies, and our very best men have thus commenced, and have been to a very considerable extent self-learned men.

The practice of medicine is an art, and it requires skilled observation, rather than much learning, to its successful practice. If we took our future doctors only from those learned in the "humanities," we would have poor practicing physicians. In the present method of taking those who seem to have a natural love for it, we get good physicians, if we do not get anything else.

The above is written with reference to the three or four bills before the Legislature of this State, and such bills as have been before the Legislatures of other States—and there seems to have been a general raid in this direction.

---

### *Common Sense and Common Honesty.*

In these modern days we think that a small amount of common sense is necessary to the successful practice of medicine, as a small amount of common honesty is necessary for its teaching. When a proposition is made with reference to the relation between well marked symptoms and well known medicines, we may hope that the practitioner (if he follows this authority) will not expect the curative effect of the remedy if the symptoms named are not present. And we may also expect, if the teaching is in plain English, so "that a wayfaring man though a fool could not err," he will not misrepresent it to cover up his errors in diagnosis, or gratify his spleen.

Individually I care nothing about what is said or done in this direction, and rarely give it notice. But if a notice can serve the purpose of illustration, and teach us something, I am willing to depart from this good habit for once. In a recent exchange, I find Dr. Munk describing a case, and laying his sins at my door. The patient was a *rich* farmer to whom he was called. He says, "I took a seat at the bedside, examined him, and analyzed his disease. Aside from a general bad feeling of which he complained, the only abnormal symptoms that I could discover were a pain in the region of the stomach, and his tongue heavily coated, particularly at the base. Now for the treatment. Recollect I was recently from College, and had my head crammed with the theory of 'specifics.' I concluded to try this case on that principle, in lieu of more active treatment. I therefore gave Nux and Sulphite of Soda, according to previous (College) instruction." The result was that he was finally discharged, and another physician called in, who gave an emetic, and relieved the patient.

The facts are that neither Dr. Munk nor any other person was ever taught by me, (and I was his teacher), to use Nux and Sulphite of Soda for such symptoms. But the teaching was explicit, (Specific Medication, page 40), "*broad tongue, heavily coated at the base, bad taste in mouth,*

feeling of weight and heaviness in the epigastrium," give an emetic. If one will read his language over, he will see that he reports my language almost verbatim.

Another of my pupils writes in the same Journal, "The novice would suppose, from what has been written about red tongues and pale tongues, that every patient likely to fall into his hands would certainly have a *red* tongue or *pale* tongue. What a mistake! And when you go out to practice with your acids and alkalies you are chagrined to find so few cases adapted to your specific sugar sticks."

And yet he says in the same paragraph—"Well, when there is a decided change in the appearance of the tongue—if it is very red, and all the mucous membranes about the mouth the same—acids may be given to advantage. If the tongue and mucous membranes are pale, then alkalies will probably answer better."

Which do these people want, "common sense, or common honesty?"

### *Advertised Remedies.*

An answer to Dr. Ingalls' strictures in the last number of this Journal may more properly come from the editor than from the accused. I do not think it can have done much harm, from the very small basis that it had to rest on, and the manifest distortion of the facts.

I do not think Dr. Ingalls has been a good observer, when he says—"it has always seemed to me Eclectic physicians have a constitutional taint in the direction of raising the wind in order to promulgate some visionary project." This is a very grave accusation against a profession that numbers over 5000 reputable physicians in legitimate practice, and is an insult that will not be kindly borne.

The grounds for the strictures are, so far as I know, the introduction by Dr. Pruitt of Polymnia Uvedalia, the introduction of Euphorbia and Ailanthus by Dr. True, and the introduction of Yerba Santa by Dr. J. H. Bundy. All these were introduced to the medical profession through the Eclectic Medical Journal, the articles described so that every one could know them, and so that druggists might procure them, and physicians use them. None of the articles, except the Ailanthus, could be procured of druggists, and until a market was made, no druggist was willing to take the trouble and run the risk of getting them.

Now I will say for Dr. Pruitt, that he has done the profession a very great service in introducing the Uvedalia, and as he is a physician doing a lucrative practice, the amount received for the supplies of the drug to those who wanted to test it has not paid him. Dr. True is a clever physician, doing a good business, and is to be credited with the introduction of what will prove a most valuable remedy—the Euphorbia. He has shown that our indigenous Rhus is a most excellent remedy, and has distributed scores of bottles of it gratuitously. Whether the Yerba Santa will prove what Dr. Bundy thinks it will, I can not tell as yet, but the agent is highly valued by some who have used it.

We "are getting down to hard pan as it regards efficient therapeutic agents," but we have to thank just such men as I have named, rather than druggists, or those who sit down and find fault like Dr. Ingalls.

*Colored Light as a Remedy.*

I wish to call the attention of the reader to the translation by Prof. King on page 205—"On insanity and other neuroses treated by colored light"—as the subject is one that I have regarded as of much importance. Readers having files of the Journal will be interested in looking over my articles in the Journal of 1872—"Light as a remedy," page 435. "Color as a remedy," page 528. "Therapeutics of light," page 572, as showing that we have anticipated the writer in calling attention to the curative action of light. Our readers will bear me out in saying, that I have shown little anxiety with reference to credit for such work, but I do wish it understood that we are wide awake to all these matters.

The subject is a very important one, and well worth study and experiment. I have proven to my own satisfaction, as I think others have proven, that we may use color as an important remedy, and with it may cure cases that medicines will not reach. The physician who relies wholly on drugs, is not a safe man to have in a community, for however skillful he may be in their use, he will omit the doing of things that should be done, and do that sometimes which it would be better to omit.

In our next issue, I will reproduce those old articles, with some new material.

---

*The National Society.*

Readers will have noticed in our last issue, that the meeting of the Society is changed from June 13th to 27th. This will prevent my attendance, as I sail with my family for Europe the middle of the month—I should have attended at the earlier date. But this need not prevent others from attending, and furnishing papers for the Convention.

---

*Going Away and Coming Back Again.*

I may say in this connection, that though I am going away in June, I expect to be back the last of September for the Fall campaign. In the meanwhile I have so arranged it as to do my usual work for the Journal, with possibly a letter or two from the old country thrown in. "All work and no play makes Jack a dull boy," and Jack is not disposed to be a "dull boy" if he can help himself.

---

*Prof. Howe's New Surgery.*

Our Prof. Howe has completed the manuscript of his Surgery, and it is now being stereotyped (200 pages are finished). We need not say anything for the character of the work, as its author has earned an enviable reputation in this country as a practicing surgeon, and as a teacher of, and writer on surgery. There is no doubt but that it will have a large sale, as every Eclectic will have a copy of "Howe's Surgery," and many who do not call themselves Eclectic.

I can not say when it will be out, as the work of getting it through the press is one of considerable labor, and requires time. But it will probably be out the first of October—the exact time he will announce himself.

*The College.*

The matriculation books show 72 students for the Spring Session—which is reasonably good for hard times.

The Annual Announcement will be issued the last of May, and sent out in the June Journal. Those who would like to receive copies will please send their names in. We purpose teaching medicine a little better than other Colleges, and a very great deal better than some, and this is all the inducement we propose offering to students. We do not dicker as to fees, do not issue scholarships at half price, promise graduation, or any of the modern tricks of trade. It is an honest, substantial education, and an honorable graduation for honest attendance, examination, and full fees in cash.

*Graphites.*

DEAR DOCTOR: Although not an Eclectic, I am a subscriber and great admirer of your Journal, and believing strongly in progression in medicine as in everything else, am not so bigoted as to believe I can learn nothing outside the "Regular" profession. I am willing to take it any where I can find it; and since I have taken your Journal have learned many and valuable things. I wish, and intend as soon as I can do so, to get your works on Practice, Specific Diagnosis, etc.; but as I have them not, I will trouble you with one question. In the last (April) number of the Journal, you have an article on the "Action of Remedies." In that article you say that you "know the fact that minute doses of Graphites will restore the reproductive function in women" \* \* \* that you "can point out the case in which the remedy will prove curative, but" etc., etc. Now I have many troublesome cases to treat, and am generally successful, but it often takes me a long time to effect a cure, and what I want to know is, the *peculiar condition* or *specific symptom* of cases where the Graphites will act so certainly and so speedily. It is a new remedy to me, as I never even heard of it until I became a reader of your valuable Journal.

J. B. MANSON, M. D."

The above is a sample of scores and hundreds of letters I receive with reference to the use of remedies noticed in the Journal. It is impossible to answer them by letter, and when the subject is of sufficient importance, I make a note of it for the Journal.

The reader will recollect that I say that Graphites is a remedy for the reproductive function, and not for structural disease of the reproductive apparatus. And I say that I "can point out the case," so that an observer would know it, but whether I can describe it so that he would know it from my description, I can not tell, but will try.

The skin is pallid, *transparent*, cool, so delicate, indeed, does it appear, that it seems that you could almost look through it. Tongue uniformly natural in appearance, unless a little reddened. You say it is anæmia, but when you look the symptoms over again there is something more, and in some cases the patient has flesh enough. With these symptoms you may have amenorrhœa, menorrhagia, irregular menstruation, anything, but despite the use of bitter tonics, iron, and the usual means, there would be no improvement of the general health and blood making, or at

least not such improvement as I have had from Graphites. It is one of those singular facts in therapeutics, like the action of Charcoal to arrest atonic hemorrhage, and Cuprum as a blood maker following such hemorrhage.

### *Living a Deception.*

In a late Valedictory Address to the graduating class of the Hahnemann Medical College, of Philadelphia, Prof. Farrington, among other things, said: "Remain true to your cause. You can not adopt an Eclectic method in practice, pretending to sift the good from all, and thus live a deception, without misleading those who summon you as Homœopathsists." The extract quoted contains an intimation that many of the Homœopathic fraternity are practicing deception, and my observations substantiate the teacher's insinuations. Not long since I was called to a patient who had sustained a painful injury, and whose friends had called in a Homœopathic practitioner; and I found by looking at his prescriptions that he was a *facile* individual who did not "remain true to his cause;"—the external application was to be as follows:

R Alcohol, Chloroform, Tinct. Aconite, aa. f3j S. Apply externally.

The internal medicine was to be: R Water, f3iij; Tinct. Aconite, gr. vi; Sulph. Morphia, grs. iv. M. Dose, a teaspoonful every hour until pain is relieved.

Now, if the recipes given by Homœopathic, even in a dilute form, I fail to comprehend what constitutes a feature of *similia*, etc. They are somewhat "Eclectic" in their construction and qualities, and decidedly Allopathic in quantities, and size of dose.

Every few days I come in contact with similar practice at the hands of professed Homœopathsists, therefore I am convinced that my saccharine friends do not "remain true to their cause." I find them to have become appreciably Eclecticised of late,—so much so that I should have to be cynical to make out a therapeutical difference between them and myself. Perhaps I have become Homœopathicised, hence the absence of the difference referred to!

It is hard to stick to old landmarks in medicine,—a science which is proverbially and emphatically empirical, therefore I can not blame Homœopathsists for falling into the Eclectic or common-sense method of thinking and doing. To ask the liberal and independent thinkers in the Homœopathic ranks to "remain true to your cause," is to implore them to become "pillars of salt," or other absurd fixtures.

While I readily admit the difficulty of "sifting the good from all," and question our ability to shun, at the same time, everything which may be bad or injurious, the intention and the effort may be genuine. Eclectics have a moiety of weaknesses, but they do not practice differently from what they preach;—they do not "live a deception."

The more intelligent of Eclectics have no "cause" to sustain except that of progress. In their investigations and experiments they are governed by an enlightened and unbiased common sense, caring nothing whether they differ or agree with Homœopaths or Allopaths. There may be those in our ranks who would clog our efforts by chaining us to a

"Botanic" platform and to a "no poison" career, and thus make us "live a deception;" there may be a few in the Eclectic fraternity who announce to their patrons that they use no quinia in the treatment of intermittent fever, and are able to cure the disease just as well with salicine,—yet, at the same time, they administer quinia in a disguised form. To such, I would say, your *cause* is a "living deception," and the quicker it is abandoned the more respectable it will seem. H.

***Iowa State Eclectic Medical Society.***

The Ninth Annual Meeting of the Iowa State Eclectic Medical Society, will be held in Good Templars' Hall, Des Moines, Iowa, on Wednesday and Thursday, May 24th and 25th, 1876. A full attendance of members is desired, as business of more than usual interest will be transacted. It is hoped that Committees will come prepared with full reports. The following are the topics for discussion, with the names of Committee assigned to each:

Practice—Drs. Powell, Munk and Overman.  
Surgery—Drs. Carter, Douglas and Shoemaker.  
Obstetrics—Drs. Burzett, Rice and Marmon.  
Typhoid Fever—Drs. Cook, Cornwall and Pense.  
Pathology—Dr. Reynolds.  
Chemistry—Drs. Enniss and Harris.  
Malarial Diseases—Drs. Reynolds and Tisdale.  
New Remedies—Dr. Sherwood.

Several prominent physicians from abroad are expected, and there is every prospect of an unusually interesting meeting. Delegates so desiring, can have hotel rooms secured in advance by application to the Corresponding Secretary.

J. A. MCKLVEEN, M. D., President.

E. D. WILEY, M. D., Corresponding Secretary.

***Illinois State Eclectic Medical Society.***

The Eighth Annual Meeting of the Illinois State Eclectic Medical Society will convene in regular session in the halls of Bennett College in the city of Chicago, June 7th, at 10 o'clock A. M. All liberal physicians are invited to attend and take a part in the proceedings.

WM. H. DAVIS, M. D., Secretary.

***Michigan Eclectic Medical and Surgical Convention.***

DR. J. M. SCUDDER—*Dear Sir:* The following "Letter of Invitation" and its accompanying "Note" have been sent to over seventy physicians in this State, and forty-five of them have already responded favorably. We expect to hear from the rest soon, and on May 31st to organize a model society.

The Committee wish to say to the public that they do not by any means pretend that their list is exhaustive. It embraces only those they happen

to know personally, and those recommended to them strictly in accordance with the terms of the Circular and Note.

The object of a select instead of a general Convention is to prevent quacks from smuggling in, as will be apparent to all. The rule to invite none but those known to be graduates, and which has been strictly adhered to, answers well the object for which it was intended; namely, to give those invited assurance that the Committee will not take upon themselves duties and responsibilities which properly belong to the Examining Board of a well organized Society, by judging of the qualifications and merits of any one who is not a graduate; for while we believe no one would be in favor of ignoring or barring out any worthy person who is well qualified by long experience, with previous study, to practice medicine, surgery and obstetrics, though not a graduate, few physicians, who are jealous of their reputation, would like to trust an informal committee to judge who are thus qualified.

Further than this the Circulars will perhaps sufficiently explain themselves, and it is hoped that every one receiving the invitation will be willing to make some sacrifice for the good of the cause, and let no ordinary professional business, or any less potent cause, prevent their attendance upon the Convention.

COMMITTEE.

#### LETTER OF INVITATION.

"*Dear Sir:* Believing that the distinctive features of Eclecticism in Medicine are of importance to the world, and recognizing a proscriptive spirit in the prevailing medical school, which limits as far as possible our opportunities and privileges in the practice of our profession; especially manifested in a persistent attempt to exclude us from all official medical position, and denying us all participation in the benefits of legislation; we respectfully solicit your co-operation in organizing a State Eclectic Medical and Surgical Society.

"The absolute necessity of organization as the first step toward securing what is desired is too apparent for argument.

"In numbers and attainments the Eclectics of the State are entitled to a consideration which their present isolated condition precludes. They suffer also in reputation, in consequence of the number of uneducated men practicing quackery, under the name Eclectic. While we may be unable to rid ourselves wholly of the reproach they bring upon us, we may, at least, provide that they shall no longer receive the sanction of the State Society. We believe that Medicine is not only nominally but really one of the learned professions, and we desire to array the Eclectics of Michigan as a unit in favor of a high standard of qualifications for those who assume its grave duties and responsibilities. For the purpose of forming the nucleus of such a State organization, you are cordially and earnestly invited to attend a meeting of the Eclectic physicians of the State, at Kalamazoo, commencing on Wednesday, May 31, 1876, at 1 P. M.

"COMMITTEE."

#### NOTE.

"The inclosed Letter of Invitation will be sent to only those physicians known to be graduates, and whom the committee have good reasons to believe are every way worthy of membership in a well regulated State Medical Society.

"Already we have assurances from a sufficient number of these to insure success in the undertaking.

"Once organized and proper regulations adopted for the admission of members, a general invitation may be extended to the profession, and those accepted who are found to be worthy on examination. We believe that by starting right it will be comparatively easy to keep right; and with Josh Billings, that success does not consist in making no mistakes, but in not making the same mistake twice.

"If the plan and objects meet your approbation, will you favor the committee with an early response, stating if you will co-operate and aid by your presence and counsel to inaugurate this movement; directing your letter to Dr. H. S. McMaster, Dowagiac, Mich.

"If you do not approve the movement we shall be glad to hear your reasons and objections.

March 20th, 1876.

H. S. McMASTER, Dowagiac,	} Committee.
V. A. BAKER, Adrian,	
W. B. CHURCH, Marshall,	

---

*On the Necessity and Advantages of Organization and Concert of Action by the Eclectics of Ohio.* By JAS. ANTON, M. D., Lebanon, Ohio.

Looking at the past history of all reformatory movements, either of religion, politics or medicine, it appears evident that the success of any reform greatly depended on the degree of union and concert of action manifested by the teachers and professors of the new doctrines. And it may be well for us to inquire if Eclecticisim in Ohio has derived the full advantages of union and concert of action amongst its practitioners. Or has the success of the doctrine and practitioners alike suffered from want of thorough organization and united efforts in behalf of the cause and its adherents by the members of the profession? I fear the last will be found to be the case.

That the principles and practice taught in the Eclectic schools has to a considerable extent prospered throughout the State is evident. But I think it will be found that Eclectics in this State have yet much to do ere they attain equal opportunities to fill medical situations in our hospitals and other public institutions, as the members of the "Old School" have. You are all well aware that we are placed at a disadvantage in this respect. And although there is no statute saying "Eclectics can not hold professional positions in State Institutions;" nevertheless, the opposition to reform, their code of ethics, and combined well organized influence of our Old School opponents over public opinion, and those in authority, have heretofore had the same practical effect as a statute. So that we are in effect unjustly deprived of opportunities and privileges that places our practitioners at great disadvantage before the people, especially where they are greatly in the minority, or just entering on practice; as our opponents often tell the people they hold all such positions on account of our inferior qualifications to them.

Over thirty years ago the Legislature of Ohio by a special Charter authorized the Eclectic Medical Institute to grant diplomas to its graduates. When these graduates engage in practice they are held equally re-

sponsible to the laws for as faithful a performance of their professional duties as the graduates of any other College in the State. I hold that equal opportunities and rights ought in justice to accompany equal responsibilities. And yet so controlling was Old School influence, and so bigoted and tyrannical were those of that School, who constituted the Board of Medical Examiners at Columbus during the rebellion, that they would not permit any but Professors of their own exclusive creed to be examined to test their fitness for positions on the medical staff of the army. It was of no avail for the applicant to present credentials of his high standing as a successful practitioner, or to produce his diploma from a College chartered by the State. Nor did the cry of the suffering soldiers from the battle-field or hospitals for more doctors to dress their wounds and alleviate their sufferings, relax the prejudice of the bigoted "Regulars" who constituted the Board. They were in power, and determined that none but physicians of their own School should be allowed to enlist to exercise their professional skill in the service of their country in its struggle for National existence. This arbitrary and unjust exclusiveness still exists, so that our practitioners—especially our young ones—are placed under an unfavorable and humiliating disadvantage before the community. This ought not to be. And it need not long continue; if Eclectics will only determine and work, it will soon be otherwise. Let us follow the example of all great and successful reformers. They thoroughly organized and worked for their rights. But remember that reformers have only succeeded by making personal sacrifices of time and labor, and often of present pecuniary interests in order to thoroughly organize, that their united efforts might be governed by their combined wisdom. In order to place ourselves on equally favorable circumstances with the dominant party for professional appointments and other advantages, we too must be prepared to make some sacrifice in order to thoroughly organize for mutual counsel and improvement. And we must also work to enlighten the public on the superior merits of our principles and modes of practice. As we will thereby the more readily get their patronage and aid to obtain such legislation as will ensure the graduate of all legalized Colleges equal rights to medical examinations and an equitable share of professional positions in the Institutions of the State and its military service, and also to guarantee to the students of all legalized medical schools equal opportunities for instruction in Hospitals supported by taxation with the students of any other College in the Commonwealth. To obtain all these desirable and just claims, Ohio Eclectics must become a well organized and harmonious body, and have clear and well-defined views of what legislation they want, and how to proceed in order to succeed in obtaining it.

In order to succeed it is of the first importance that our State Association be placed on a firm basis. This can only be done by our practitioners generally attending its meetings and participating in its proceedings. And in addition to this, auxiliary societies ought to be formed in every section of the State where even a few members can be got together at a time, once or twice a year. For by even occasionally meeting each other at these Societies, much important professional knowledge might be

obtained from each other. Friendships would be formed that might lead to mutual correspondence that would be highly useful professionally. And such meetings and correspondence would strengthen our purpose and increase our opportunities to attain a higher standing in the profession, and it would enable us the more easily to act as a unit in our efforts to secure such legislation as is necessary.

If we exert ourselves to obtain our just rights in a manner worthy of our cause, there is no doubt but the people will support all our just claims before the Legislature with such petitions as will demonstrate to our law makers that the intelligent part of their constituents demand that the graduates of all legalized medical colleges may have an equal chance for private patronage, positions in public institutions, and in the military service of the country. Whenever the people see us in earnest, and understand the justice of our claims, they may be relied upon to stand by the cause of reform, justice and fair play. But we must clearly and fully realize that neither the people nor our law makers are going to trouble themselves about our rights or grievances as long as we remain indifferent on the subject. We must be up and doing, and show the citizens that we know our rights, are worthy of them, and determined to obtain them.

As I have intimated, it is not by any special prohibitory enactment we are placed in our present unfavorable position, so much as by the thorough organization of our opponents, their code of ethics, determination to proscrib all outside of their own pale, and their concert of action to influence public opinion and those in authority. And their behavior in this respect is neither new nor strange. For the adherents of all errors and abuses in ancient as in modern times have exercised just such a power to resist all progressive measures and to oppress their advocates. And it will be well for us to note that however true and important the doctrine advanced, if its *teachers* and adherents were self-seekers and cold in the cause, they were sure to remain in the minority and bear the consequences. Their cause, however beneficial and just, languished until real, live, independent, bold-minded men came to the rescue and defence of the truth and principles of the cause for the cause and truth's sake. Is it not high time all Eclectics in Ohio assume this patriotic position, and try to make up for lost time and opportunities. Let us all work for a thorough organization, and labor to fully enlighten the people about the superior merits of our mode of practice, and to gain their influence in securing such legislation as justice to our cause and ourselves require. And to the speedy accomplishment of so desirable an object we ought to bring the full influence of our State Association and local societies, and also that of our medical journal and the press generally, to aid us. And rest assured that an active participation in this good and much-needed work will afford far more real pleasure and profit than indulging the fear of a little sacrifice of time and labor, and leaving the work for others. Better for us all to work in behalf of our noble cause, than sit with folded hands, and grumble because the few that have taken an active part have not accomplished all that is desirable.

If we fail to do our duty, the triumph of Eclecticism may be delayed

for a time, but it is sure to succeed because it is the cause of truth and progress working for freedom of thought, and the relief of suffering humanity.

*"A merry Heart doeth good like Medicine; but a broken Spirit drieth the Bones."*

There is such an amplitude of truth in the above quotation from Solomon, that I have been induced to write a short sermon under the figurative and salient text.

By a merry heart is not meant a man who bursts into explosions of laughter upon the slightest provocation, but that genial countenance which warms and never chills. Those physicians who enjoy the most desirable patronage, have attained their enviable positions by cultivating through long years the art of looking pleasant; they never grin or seem silly, but their faces fairly beam with benedictions. Was that pleasant face the old doctor carries into the sick room a natural endowment, or is it the result of prolonged effort on the part of the possessor to smile blandly? A fine countenance which reflects wisdom and goodness of heart, was not innate, but the result of patient training. A spiritual, generous, and complacent physician, "doeth good like medicine"; he is the curative principle; under his benign ministrations, the sick and sorrowful take courage, grow in hope, and recover.

When a doctor has acquired "a merry heart" in the sense described, he enjoys the confidence and the patronage of the best people; he becomes an important and influential member of the best society; "but a broken spirit drieth the bones."

The meaning of the last clause of the quotation is, that a frigid, depressed, and repulsive individual, has no business in the medical profession. He may trade successfully in stocks and lands, and plead well at the bar as an advocate, but as a physician he must inevitably prove a signal failure. A visage bloated with strong drink, debased with passion, and burdened with disappointment, jealousy and hate, "drieth the bones," in a figurative sense. How can the people in the village of Harmony endure that coarse-grained doctor, whose clothes are ill-fitting and threadbare, whose beard is harsh and uncared for, whose shirt-front is not immaculate, whose hands are as rough as those of the driver of a stage-coach, whose boots exhibit no more signs of blacking than a rusty stove, whose *tout ensemble* is disgusting and repulsive in the extreme? The answer is that they have to endure him, for there is no other medical man in the village, and the doctor located there because he could not earn a living in a place where a gentlemanly competitor was already established.

The capital an ordinary medical practitioner has invested in his profession is not great, therefore a liberal sum should be employed in the improvement of his personal appearance. The best patronized physicians in the cities and large towns are those who are admired for their graceful manners and their elegant exteriors.

A doctor who is unfortunate enough to be lean and sickly in appearance, can not be said to be blamable for the physical disparity, yet it tells against him. "As the invalid dispenser of high or low potencies enters

the sick room, the patient feels like administering the Scriptural rebuke, 'Physician, heal thyself.' A medical man should be round and sleek, but not bulky and unctuous. Aldermanic proportions are not altogether objectionable in a physician, though it is easy to overdo in that direction. A face, to be engaging and attractive, should bear the traces of intellectual effort and self control, but if it be as rotund and expressionless as the jowl of a slaughtered swine, the effect is against the possessor." What is called a "jolly cheek," is about as fatal to the advancement of a medical man as a weazen face which "drieth the bones."

It may be alleged by the thoughtless, that a man is not responsible for the appearance of his countenance, but such is a mistake. It has been announced as an aphorism, that every man is the architect of his own fortune; and with as much truth it may be said, that every individual is the sculptor of his own features. Can the chronic debauchee justly declare that the Lord gave him that horrible visage? He might as properly say, that the Ruler of the universe distilled the whiskey which made him drunk.

Occasionally we have the pleasure of looking upon the face of an eminent divine, whose features fairly shower benedictions; but where we meet one such we encounter a thousand doughfaces that fill the soul with disgust at their intellectual make-up.

Distinguished theatrical performers, who can move an audience to smiles and tears, have made gestures and features a profound study; they have mastered the secret of stirring the emotions of the human heart.

A physician has as difficult parts to perform as those who assume the role of star actors on the stage. The medical man, if thoroughly a master in his avocation, has a theatrical part to perform; consequently he should understand the art of dissembling, and be able to make the most of the character he claims to represent. H.

### *Eriodyction Glutinosum.*

This plant, also known by the names of Yerba Santa, Mountain Balm, and Saint's Herb, is rapidly coming into demand. The chief form, as found upon the market, is that of a fluid extract. I have made several careful experiments in regard to the preparation of the same, and find as a result that in consequence of the large amount of resin and essential oil contained within the leaf, we must use strong alcohol to make a reliable preparation.

Take of *Eriodyction Glutinosum* 16 Troy ounces, alcohol q. s. Reduce the herb to a coarse powder, by pounding it in an iron mortar; moisten with four fluid ounces of alcohol, and pack firmly into a cylindrical percolator; cover the powder with a circular piece of filtering paper, upon which are placed a few fragments of glass or marble; add alcohol, and when it begins to pass cork the bottom of the percolator, and cover the top by placing upon it a plate of glass. Allow the contents to macerate seven days, then loosen the cork and percolate slowly until fourteen fluid ounces are obtained; reserve this, and continue the operation until the liquid passes colorless and tasteless; evaporate the last runnings until

reduced to the measure of two fluid ounces, and add to the reserved tincture.

Fluid extract of *Eriodyction Glutinosum*, prepared after the preceding process, is of a deep greenish color, possessing the odor and taste of the herb. It will mix with alcohol in all proportions without becoming muddy, or throwing down a precipitate. When dropped into water a permanent milkiness results; even a small amount of water added to the extract will give rise to a turbid mixture.

The leaf of the *Eriodyction* resembles somewhat that of our common garden sage, in respect to shape. It is covered with a shining balsamic exudation, consisting largely of resin, with a small amount of essential oil, which latter substance imparts a peculiar aromatic odor and taste to the leaf. The aromatic flavor, however, quickly passes away, being supplanted by a very strong sweet, which forcibly reminds us of the peculiar aftertaste of true bitter-sweet (*solanum dulcamaria*). L

---

**MARRIED**—At Tampico, Ill., March 19th, 1876, Dr. C. M. MORRILL and Miss MARY E. BARNES, all of Tampico, Ills.

---

A Student who has attended two courses of Lectures, wishes a situation with a physician for the Summer. Address

JOHN GRAHAM,  
Care Dr. Seudder, Cincinnati, Ohio.

---

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$9000. For further particulars, address

DR. J. S. BARTON,

Vera, Fayette Co., Ill.

#### RECEIPTS FOR JOURNAL TO APRIL 24.

John Hyde 2, Isaiah A Cooper 2, H Patrick 2, W L Guin 1, D Gwin 2, D D Boryer 2, W Bricker 2, A P Taylor 2, J N Perkins 2, Henry Walker 2, J J Ashley 2, J C Winans 5, H Bare 2, J T Dickens 2, J B M Dickens 2, E G Vanceise 2, G D Coyle 2, J A Campbell 2, Jas McClance 2, W Cobell 2, M E Eckert 2, E O Hartley 2, E S Stebins 2, A D Muchmore 2.50, C Broyer 2, S K Lake 2, H W Holliday 2, J H Holton 2, C M England 4, Fisk & Fisk 2, J L Heusley 2, A P Boston 2, D B Linegar 2, J G Van Schoiack 2, M R Cohen 2, J M Bishop 2, D C Bradgley 2, C H Black 2, M F Dumas 50c, G Washington 2, M O Jacobs 50, J M Vail 2, T M Lowry 2, J B Cox 1, J L Powers 2, Edwin Pyncheon 2, W J Walpole 4, W J Heacker 2, C N Bishoff 2, D E Belts 2, J R Lazenby 2, J W Smith 2, K K Harrison 2, R W Bunsell 2, J W Amormann 2, H H Aldridge 2, H Vigor 2, F Walden 2, S B Beecher 2, W M Finley 2, A B Walker 2, B C Sickles 1, J W Steels 2, J W Coyner 1, P N Pratt 2.25, W Robinson 2, H C G Luyties 4, J E D Launden 2, F M Trowbridge 2, W Bailey 2, John P Huff 2, F H Knott 2, Jno Davis 2, J F Hicks 4, F P Clare 2, C L Spencer 2, A J Stenance 2, T H Bras 2, Stutaman & Steinmeyer 2, C D E Kirk 2, F Jonathan 6, B F Thayer 1, J E Davis 2, J F Kinsey 2, Chas Corey 1, A D Muchmore 2, Ed Darling 2.50, E H Ballard 2, R S Smedley 3.10, J A Porter 2, Stimson & Williams 2, S F Deane 2, H W Painter 2, C B Ostrander 2, M N Graves 2, W McBryer 2, W B Church 2, A Dove 2, Ross Wilson 1, Jos Cobb 2, J D McClain 2, Jno Parr 50c, G W Monroe 1, Geo Reed 1, W Young 2, J M Bishop 2.25, W B Jordan 2, J A Vandervant 2, E W Wood 2, Jos Hirst 2, O Files 2, R D Gardner 2, C F Bugar 2, J W Toune 4, A B Clapp 2, Robt Vaughan 2, T H Boscow 2, J A Kendall 2.50, J V Lewis 2, J E Kitchen 2, Jacob Simmons 4, E W McAllister 2, A J Gaskins 4, J W Searsh 3.75, J K Smith 2, M E Phister 2, H J Foster 1, J H Couch 50c, J W Reece 2, W A Spinks 2, H S Bachman 2, H Sharples 2, L A Coy 2, D L Spaulding 2, L H Keys 2, M S Hooper 2, H Crouch 1.50, M L Wiggs 4, R W Spangler 2, N W Beckwith 2, John Harper 2, G W John 2, E I Kirk 2, J S Beeler 2, R R Mosely 1, A D Sargent 2, J M Welch 2, G E Powers 2, H Goyer 1.50, W P House 2, Thos R Kingett 2, P A Helts 2, R S Hughes 2, F Sage 2, R A Baldrige 2, A Knight 2, D Callahan 2, Thos Bradley 2, C F Lenhart 1.

**THE ECLECTIC**  
**Practice of Medicine**  
**For Families.**

**BY JOHN M. SCUDDER, M. D.**

**Price \$5.00.**

**Address**

**JOHN M. SCUDDER, M. D.**

**228 Court Street, Cincinnati.**

---

**MITCHELL & RAMMELSBERG FURNITURE CO.**

**Design, Estimate for, and Make to Order,**

**Hard Wood Mantels, Doors,**  
**Counters, Interior Wood Work,**

**—AND—**

**FURNITURE**

**OF ALL GRADES.**

**ALSO DESIGN AND MAKE**

***Window Lambrequins from \$8 upward.***

**And keep on hand a very large Stock of**

**LACE CURTAINS**

**—AND—**

**ALL KINDS OF BEDDING.**

**107, 109, 111 and 113 West Fourth St.**

**CINCINNATI:**

**Send for Catalogue.**

## REMOVAL.

**WM. S. MERRELL & Co.**  
**Manufacturing Chemists,**  
**PHARMACISTS,**

-AND-

**Wholesale Druggists,**

Have removed, their office and sales department to the five story stone front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

Laboratory and Drug Mills, Corner Eggleston Avenue  
 and Sixth Streets,  
**CINCINNATI, O.**

The following additions have been recently made to our large line of  
**PHARMACEUTICAL SPECIALTIES.**

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**

**Fluid Extract Yerba Santa,**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Etheral Oil; Tincture Gelsemium (entirely from the green root); Compound Syrup Stilligia (in pint bottles); Sulph. Hydrastia, and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**WM. S. MERRELL & Co.**

No. 5 West Fifth St.

**CINCINNATI.**

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

# REPRODUCTIVE ORGANS

AND,

## THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:

WELSTACH, BALDWIN & CO., PRINTERS

1874.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 41, 42.



FIG 68.

## DESCRIPTION.

**A**, Brass Air Pump. **B**, **C**, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are *towards* from the pump, that it is a force-pump. The Chamber, **C**, is reversed by turning it with the tube end for end. **D**, **E**, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, **H**, as required. **F**, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, **G**, making an air-tight joint by means of rubber packing. **I**, Fluid Cock. **K**, **L**, Metallic Couplings. **M**, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Petain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.
2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while collecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

### 3. The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

4. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.



FIG. 69.  
The Stopper and  
Cocks supplied  
with Apparatus  
No. 2.

## PRICES OF APPARATUS.

- No. 1. Air Pump—exhaustor condensing as described; 16 oz receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... 18.00
- No. 2. The same, without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16.00
- No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, tubes, etc., in case..... 14.00

- No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 3.00
- For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add..... 1.50
- Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each..... 2.00
- Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above..... 6.00

*The foregoing are the product of our own factory, and are warranted in every respect.*

Dieulafoy on Pneumatic Aspiration, post-paid, on receipt of... 3.00

## CODMAN & SHURTLEFF,

Makers and Importers of Surgical Instruments of every description.

13 and 15 TREMONT STREET, BOSTON.

Send Catalogues of Surgical Instruments on application.

N. B. See our other advertisement in alternate numbers of this Journal.

# H. H. HILL & CO.,

WHOLESALE DEALERS IN

## Drugs, Liquors, Medicines, AND CHEMICALS, BARKS, HERBS, ROOTS, ETC.,

Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.

FRESH VACCINE VIRUS Constantly on Hand.

---

## Hall's Silver-Plated Electrodes,

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in cash.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

## THE AMERICAN DISPENSARY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
<i>Rhus Toxicodendron</i> .....	\$2.00
<i>Euphorbia Hypericifolia</i> .....	1.25
<i>Ailanthus Glandulosa</i> .....	1.10
<i>Macrotys Rac</i> .....	1.25
Also, recently dried bark of <i>Ailanthus G.</i> .....	1.00
<i>Euphorbia Hyp. (herb)</i> .....	.75
<i>Polymnia Uvedalia (root)</i> .....	.75

I can furnish small trees of *Ailanthus* suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. *Rhus Tox.* put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address

JOHN M. SCUDDER,  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current

## Galvano-Electric Machine.

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
**N. W. COR. COURT AND CUTTER STS.**  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

**All articles furnished of the best quality, and no pains spared to give entire satisfaction.**

**Prices as low as those of other reliable houses.**

---

**Fractures and Dislocations.**

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*

**SECOND EDITION.**

**Will be sent by mail free of postage, on receipt of the price, \$1.00.**

**Address**

**JOHN M. SCUDDER,**

**228 Court Street, CINCINNATI.**

THE ATTENTION OF PHYSICIANS IS CALLED TO  
**THE FAMILIAR TREATISE ON MEDICINE**  
**FOR THE USE OF FAMILIES,**

**BY JOHN M. SCUDDER, M. D.**

**840 PAGES. 2 VOLUMES IN ONE.**

**RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.**

**CONTENTS VOL. 1.**

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homoeopathy, Eclectic Medicine, The Physician, The Practice of Medicine, Quackery.

**PART I.—Anatomy and Physiology.**—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessel, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.—Hygiene.**—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquors as a Cause of Disease.

**PART III.—Medicines for Family Use.**—Use of Medicines, Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.—Management of Accidents and Injuries and Surgical Diseases.**—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Piles, Fistula in Ano, Chronic Diseases of the Lungs, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.—Diseases and their Treatment.**—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Billious Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid Vaccination, Chicken Pox, Measels, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhoea, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.—Notes on Nursing.**—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advices, Personal Cleanliness, Observation of the Sick, Conclusion.

**CONTENTS VOL. 2.**

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Pilegmasia Dolens.

**PART II.—Diseases of Women.**—Amenorrhoea, Dysmenorrhoea, Menorrhagia, Leucorrhoea, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anterior position of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.—Care and Management of Children.** The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Rosacea, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opiate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
 CORNER OF COURT AND PLUM STREETS,  
 CINCINNATI, OHIO,

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Ferrous Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, &c., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND  
**Manufacturing Chemist,**  
 SOUTH-EAST CORNER SIXTH AND JOHN STREETS,  
 Cincinnati, Ohio.

Manufactures and keeps constantly on hand a large stock of Concentrated Medicines, (Active Principles of Plants.)

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow.**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Specialty.**

**DO YOU WANT  
A VERY THOROUGH, AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

**THEN BUY**

**King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

Address

**JOHN M. SCUDDER,**

Cincinnati, Ohio.

---

**ROBERT CLARKE & CO.,**  
**Publishers, Booksellers, Stationers**  
**AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,**

**CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE.**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

**ELECTRO-SILVER SMITHS,**

**54 Fountain Square, Cincinnati, O.**

---

**T H E**

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO.'S

## Pure Concentrated Medicines,

### CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

#### VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides.....\$1.50

1 Crust..... 3.00

Sent by mail on receipt of price.

#### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. KEITH, M.D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

B. KEITH & CO.

P. O. Box 1750.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease, with especial reference to the Administration of Remedies.*

BY JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine in the Eclectic Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."

Price \$2.50.

Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$25.00.

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

## WM. AUTENRIETH,

Formerly 18 years with M. Wagon,  
SUCCESSOR TO W. Z. REES,

71 West Sixth St.,

1st Walnut and Vine, CINCINNATI.

Manufacturers of

## Surgical and Orthopaedical INSTRUMENTS,

Abdominal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
Gutta and Rubber Springs, Stomach Pumps,  
M-Segs, Medicine Cases, etc.

STOCKINGS FOR VARICOSE VEINS.

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

## LAX WOCHER & SON,

MANUFACTURERS OF

## Surgical, Dental & Orthopaedical INSTRUMENTS.

In calling the attention of physicians to our  
extensive and most complete assortment  
of instruments, we beg to state that we shall  
raise, with increased facilities, to add to  
present any thing new and desirable which is  
recommended by authorities, here and abroad,  
to satisfy all demands of the medical profession.  
Prices of our goods are kept strictly uniform  
with those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
every respect.

### SPECIALTIES-

Trusses of every description.

Apparatus for the modern treatment of Club  
foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
and all other deformities, made to order,  
with all the latest improvements.

Electro-Medical Apparatus of various kinds,  
for physicians' office use.

Also a large variety of the most improved  
Abdominal Supporters, either elastic or with  
steel springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Dr. Dreyer's Electro-Magnetic and Galvanic  
Batteries.

Doan's Uterine Supporters.

Johnson & Shurtleff's Atomizers.

Boris & Kidders, Magneto-Electric Machine.

Day's Improved Splints, which we sell either in  
full sets or by single piece.

On all above goods our price is the same as  
that of the manufacturers.

106 WEST SIXTH STREET

CINCINNATI.

Medical College Building.



## A. JACKSON HOWE, M. D.

OFFICE, N. E. COR. FOURTH & MAIN.

CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

## JOHN KING, M. D.

## OCULIST AND AURIST

109 Ninth Street Cincinnati.

Office Hours from 9 A. M. to 3 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

## WM. H. DAVIS, M. D.

Springfield, Illinois,

Will visit in consultation in any part of the  
State, Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

## DR. J. M. SOUDDER,

228 COURT ST.

## EDWIN FREEMAN, M. D.

Office, corner Eighth and John sts.

CINCINNATI.

Special attention given to treatment of fis-  
tulas, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

## PROF. Z. FREEMAN, M. D.

OFFICE, 280 WEST SIXTH STREET

CINCINNATI.

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED.

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1873.

SENT BY MAIL FOR \$2.50.

LITTLE BUT GOOD.

WARRANTED NOT TO RUN OFF AT THE BOWELS.

# Physicians' Head Quarters.



H. M. MERRELL.

ABNER THORP.

T. C. THORP.

## H. M. MERRELL & CO. Manufacturing Chemists and Pharmacutists, CORNER COURT AND PLUM STREETS, CINCINNATI, O.

We would again return our thanks to the Profession for their liberal patronage during the past. We present ourselves with the following inducements for a continued patronage.

**We make and sell only pure Drugs, guaranteeing all we offer, and upon this platform stake our reputation.**

We were one of the first houses in the country to introduce and prepare those valuable remedies peculiar to the Reformed Practice, and for twenty years have been identified as manufacturers.

We do the largest Physicians trade of any house in the Western Country, and by custom, extent and familiarity of business are best able to respond to every Physician's want.

We deal in nothing that is not reliable, and in our Fluid Extracts, Concentrated Tinctures and Specific Medicines; offer Preparations that are unequalled in purity, strength and reliability.

In addition to our manufactures we keep a complete assortment of all things wanted by Physicians of all schools, including *Foreign and Indigenous Medicines, Shop Furniture, Glassware, Instruments, &c.*, all guaranteed to be of the most reliable quality.

**Our Terms are Cash.** The money can be sent with orders, or we will send goods by express, to be paid for at the express office on delivery.

## MEDICAL BOOKS.

We will supply any book ordered. We quote a few connected with the Eclectic School.

American Eclectic Dispensatory, by John King.....	\$16 00
Physio Medical Surgery, by Wm. H. Cook.....	2 00
Lectures on Theory and Practice, by Alva Curtis.....	3 25
American Practice, abridged or family Physician, by W. Beach, revised edition.....	5 00
American Eclectic Obstetrics, by John King.....	6 25
Women and their Diseases, by John King.....	3 00
Diseases of Women, by John M. Scudder.....	4 00
Handbook of Medical Practice, by W. H. Cook.....	1 25
Compend of American Practice, by S. H. Potter.....	1 00
King's Chronic Diseases.....	15 00
Principles of Medicine, by J. M. Scudder.....	4 00
Pronouncing Medical Lexicon, by C. H. Cleveland, in cloth.....	1 25
Eclectic Practice of Medicine, by J. M. Scudder, M. D.....	7 00
Diseases of Children, by John M. Scudder.....	5 00
Young Stethoscopist, by Bowditch.....	1 00
Specific Medication, by John M. Scudder.....	2 00
Specific Diagnosis, by John M. Scudder.....	2 00
Scudder on Venereal.....	5 00
Dislocations and Fractures by A. J. Howe.....	4 00
Manual of Eye Surgery, by A. J. Howe.....	2 00

## Physicians' Pocket Medicine Cases.

No. 1 Turkey Morocco, containing 12 three drachm and 24 one dr. vials.....	\$3 00
No. 2 do do 18 do 12 do.....	3 00
No. 3 do do 20 do vials.....	2 00
No. 4 do do 22 two do do.....	2 00
No. 5 do do single row 12 three do do.....	2 00
No. 6 do do containing 8 four do and 12 two dr. vials.....	2 00
No. 7 do do 24 two do.....	2 00
No. 8 do do box case 20 two do do.....	2 00
No. 9 do do containing 24 three dr. vials and 16 two dr. vials.....	3 00
No. 10 do do 16 two dr. vials.....	1 00
No. 11 do do portmonnaie style, 16 1½ drachm vials.....	2 00
No. 12 do do containing 12 four dr. vials, 14 two dr. vials and 28 one dr. vials. Dr. King's Case.....	4 00
No. 13 do do do 10 four dr. vials and 18 one and one-half dr. vials, when in the pocket the vials are all upright.....	3 00

## Physicians' Saddle Bags.

No. 1 Contains 10 three oz. and 18 one ounce vials, with slides.....	10 00
No. 2 do 8 do 14 do do do.....	8 00
No. 3 do 10 do 18 do do folding with flap for instruments and 12 three drachm vials.....	10 00
No. 4 do 42 one ounce vials.....	8 00
No. 5 do 10 three ounce and 12 1½ ounce vials.....	8 00
No. 6 do 20 two ounce, glass stoppered bottles, with drawers and compartments in top for sundries.....	13 00
No. 7 do 16 glass stoppered bottles, with drawers, and compartments in top for sundries.....	11 00
No. 8 Buggy Case contains 10 three ounce and 18 one ounce and 12 three dr. vials, with flap for instruments.....	10 00
No. 9 do do 6 two ounce glass stoppered bottles and 9 one oz. and 12 three drachm vials.....	7 00

N. B.—A sheet containing about 100 labels for marking small vials, accompanies each case.

# Price List

-OF-

## H. M. MERRELL & CO.

### Concentrated Powders.

	Per oz.
Aloazine.....from Tag Alder.....	\$1 00
Asclepiasine.....American Ivy.....	1 25
Apocynin.....Dogbane.....	1 75
Asclepidin.....Pleurisy Root.....	1 80
Aspidin.....Wild Indigo.....	1 35
Asphyllin.....Blue Cohosh.....	90
Asinine.....Choke Cherry.....	1 40
Balonia.....Balmory.....	1 75
Chimaphyllin.....Pipsissewa.....	1 75
Colocynthin.....Colocynth.....	2 00
Colicifugin }.....Black Cohosh.....	75
or Macrotin }.....Dogwood.....	70
Corydalin.....Turkey Poa.....	3 00
Cypripedin.....Ladies' Slipper.....	1 75
Delphinine.....Foxglove.....	1 75
Desorein.....Wild Yam.....	1 75
Drygine.....Corn snake-root.....	1 00
Dryyaine.....Wahou.....	1 75
Eupatorine.....Boneset.....	1 00
Eupatoidin.....Eupator. Agertoides.....	1 25
Eupurpurin.....Queen of Meadow.....	1 70
Galaminin.....Yellow Jessamine.....	2 75
Galenine.....Cranesbill.....	1 00
Galerine.....Am. Columbo.....	1 25
Gillanin.....Am. Ipecac.....	1 25
Guzanin.....Unicorn Root.....	2 50
Gydrastin.....Mur.....	3 50
Gydrastin.....Sulphur.....	3 50
Gydrastin.....Principles Combined.....	1 80
Gydrastin.....Phosphate.....	2 50
Gumoline.....	1 50
Guzeyamine.....Henbane.....	3 50
Guzin.....Blue Flag.....	1 00
Guzin.....Jalap.....	3 00
Guzin.....Butternut.....	90
Guzin.....Lobelia.....	2 40
Guzin.....Culver Root.....	70
Guzin.....Yel. Parilla.....	1 75
Guzin.....Bayberry.....	1 00
Guzin.....Garget or Poke.....	1 25
Guzin.....Aspen Poplar.....	1 20
Guzin.....Wild Cherry.....	90
Guzin.....Mandrake.....	70
Guzin.....Waser Ash.....	1 60
Guzin.....Sumach.....	1 00
Guzin.....Yellow Dock.....	1 25
Guzin.....Bloodroot (alkaloid).....	1 40
Guzin.....do (combined).....	1 25
Guzin.....Nitrate.....	2 00
Guzin.....Sealcap.....	1 75
Guzin.....Liferoot.....	1 60

	Per oz.
Stillington.....Stillington.....	2 25
Trillin.....Birthroot.....	1 25
Vernatrine.....Amer. Hellebore.....	2 25
Verbenine.....Blue Vervine.....	1 25
Viburnine.....High Cranberry.....	2 40
Xanthoxylin.....Prickly Ash.....	1 50

	Per oz.
Put up in ounce bottles, 12 ounce boxes and 1 pound bottles.	
<b>OILS.</b>	
Oil Lobelia.....	\$0 75
" Stillington.....	50
" Xanthoxylum.....	60
" Capsicum.....	75
" Ergot.....	30
" Piper Niger.....	20
" Erigeron (an).....	25
" Erechites Hier.....	25
" Male Fern.....	75

	Per oz.
<b>OLEO RESINS.</b>	
Asclepidin.....	\$0 50
Apocynin.....	50
Aletin.....	50
Eupurpurin.....	50
Iridin.....	50
Liatrin.....	50
Rhusin.....	50
Ptelein.....	50
Xanthoxylin.....	50

The above form is a most excellent and reliable mode of use; but should always be triturated with Lactin or sugar or made into pill with soluble extract. In the manner they become more efficient and require less for a dose.

### Alcoholic and Common Extracts.

Our Extracts are Alcoholic and Common, they are made after the most approved processes, and up to the full standard in every particular.

They are put up in 1 pound jars, but will be sent in whatever amount desired.

	Alcoholic	Com.
<b>EXTRACT OF</b>		
Absynthium.....Wormwood.....	\$1 00	\$2 50
Achillen Mil.....Yarrow.....	2 75	2 00
Aconitum.....Aconite.....	4 00	3 00
Ambrosia Elat.....Ragweed.....	2 75	1 25
Anthemie Nobilis.....Chamomile.....	4 00	3 00
Apocynum.....Bitter Root.....	3 75	2 00
Aralia Rac.....Spikenard.....	3 50	1 50
Arnica.....Arnica flowers.....	3 00	1 50

## EXTRACT OF

	Alcoholic, Cont.	
Asclepias Tub. Pleurisy Root.....	3 75	1 25
Baptisia Wild Indigo.....	3 75	1 50
Belladonna Nightshade.....	5 00	3 00
Cannabis Indica Ind. Hemp.....	3 75	3 00
Cassia Mar. American Senna.....	3 00	2 00
Caulophyllum Blue Cohosh.....	3 75	3 50
Celastrus Scam. F. Bittersweet.....	3 25	1 75
Chelone Glabra Balmoney.....	2 75	2 00
Chimaphylla Pipsissewa.....	4 00	1 50
Cimicifuga Black Cohosh.....	2 50	1 00
Cinchona Rub. Red Bark.....	5 00	3 00
Colocyth Comp. U. S. P.....	5 00	4 00
do do.....	4 50	3 50
Columba East India Col.....	3 00	1 75
Conium Mac. Cicuta.....	3 75	2 00
Convolve Pand. Manroot.....	3 00	1 00
Cornus Florida Dogwood.....	3 75	1 25
Corydalis Turkey Pea.....	4 00	1 00
Cubeba.....	6 00	2 00
Cypripedium Lady's Slipper.....	4 00	5 00
Digitalis Fox Glove.....	3 75	2 00
Dioscorea Wild Yam.....	3 00	2 50
Dulcamara Bittersweet.....	3 75	2 75
Erigeron Canad. Fleabane.....	1 50	1 50
Eryngium Aqu. Corn Snakeroot.....	2 50	3 50
Eucynurus Wahoo.....	4 00	3 50
Eupatorium Perfr. Boneset.....	2 75	1 25
Eupat. Perfr. Queen Meadow.....	3 75	3 25
Felix Mas. Male Fern.....	2 00	2 00
Gentiana Lutea Gentian.....	2 25	1 25
Geranium Mac. Cranesbill.....	3 00	1 50
Gossypium Cotton Root.....	5 75	1 00
Halenia Dioca Unicorn Root.....	6 00	3 50
Hemulus Hops.....	6 00	3 50
Hydrastis Can. Golden Seal.....	4 00	3 00
Hyoscyamus Henbane.....	5 00	1 00
Iris Versicolor Blue Flag.....	3 75	1 75
Jalapa Jalap.....	10 00	5 75
Juglans Cin. Butternut.....	3 00	1 50
Krameria Rhatany.....	4 00	4 00
Lactuca Eriog. Wild Lettuce.....	2 75	1 25
Lactuca Sativa Garden Lettuce.....	2 75	1 25
Lapa Major Burdock Root.....	3 00	2 00
Leonurus Motherwort.....	3 00	2 00
Leptandra Culver Root.....	4 00	2 00
Labella Infat. Lobelia.....	4 00	2 00
Marubium Horhound.....	3 00	1 50
Menispermum Yel. Parilla.....	3 00	3 00
Mitchella Repens Partig Berry.....	4 00	3 00
Nux Vomica per oz.....	60	1 00
Oxalic Acid Wood Sorrel.....	3 50	75
Parera Brava per oz.....	60	1 50
Phytolacca Garget Root.....	3 00	1 50
Phytolacca Garget Berries.....	3 00	1 50
Plantago Maj. Plantain.....	3 00	1 50
Podophyllum Mandrake.....	2 75	1 25
Poligonum Punct. Smart Weed.....	2 75	1 25
Ptelea Water Ash.....	4 00	3 50
Quassia Quassia Wood.....	6 00	1 50
Quercus Alba White Oak.....	3 00	1 50
Quercus Tinctora Red Oak.....	3 00	1 50
Rheum Rhubarb.....	3 00	1 75
Rhus Glab. Sumach bark Root.....	3 00	2 00
Rubus Villos. Blackberry Root.....	3 00	1 50
Rubus Crisp. Yellow Dock.....	3 00	1 50
Sanguinaria Bloodroot.....	4 00	1 50
Sarsaparilla Hon. Sarsaparilla.....	5 00	3 00
Sarsaparilla Comp do.....	4 00	3 00
Sabine Sabine Leaves.....	3 75	1 50
Scutellaria Scullcap.....	3 75	1 50
Senecio Life Root.....	3 25	1 50
Stillingia Queen's Root.....	4 00	1 50
Taraxacum Dandelion.....	2 25	1 20
Tobacco per oz.....	5 00	1 50
Trifolium Red Clover.....	3 00	1 50
Trillium Bethroot.....	5 00	2 75
Uva Ursi. Barberry Leaves.....	4 00	1 75
Valerian Eng. Valerian.....	5 00	3 00
Veratrum Viride Am. Helio.....	5 00	2 50
Verbascum Mullein.....	1 25	1 25
Verbena Vervain.....	1 50	1 50
Verena Iron Weed.....	1 50	1 50
Ranthorylum Prickly Ash.....	3 75	1 50

## FLUID EXTRACTS,

OR

## CONCENTRATED TINCTURES.

We would respectfully call the attention of the profession to our change in prices of Fluid Extracts and Concentrated Tinctures. A great effort since the introduction of special tinctures has been to elevate the standard of fluid extracts to that of Concentrated Tinctures. We offer them now at the same price, and retain the name of Concentrated Tinctures as an accommodation to those who have been long accustomed to the name of Concentrated Tinctures. The preparations are now identical, and we are assured that they are the best of the class now offered to the practitioner.

They are made from recent and carefully selected crude material, and represent one ounce to the fluid ounce. The dose of each article can be found on the respective bottle.

Per Fl. Oz.

Adonite Leaves.....	1 50
do Root.....	1 50
Achillea Yarrow.....	1 50
Agrimonia.....	1 50
Ampelopsis Am Ivy.....	1 50
Anthemis Chamomile.....	1 50
Apocynum.....	1 50
Aralia Rac. Spikenard.....	1 50
Arnica.....	1 50
Asclepias Tuberosa.....	1 50
do Incarnata.....	1 50
Athanas.....	1 50
Baptisia Wild Indigo.....	1 50
Belladonna.....	1 50
Barbarea.....	1 50
do Comp.....	1 50
Caffea Java Coffee.....	1 50
Cannabis Indica.....	1 50
Cannabis Sativa.....	1 50
Caulophyllum.....	1 50
Capsicum Af. Cayenne.....	1 50
Cinnum Mac.....	1 50
Celastrus bark of root.....	1 50
Cimicifuga or Macrotis.....	1 50
Cinchona pale.....	1 50
do true red.....	1 50
do Comp.....	1 50
Chenopodium Wormseed.....	1 50
Chelone Glabra Balmoney.....	1 50
Chimaphylla.....	1 50
Colchicum root.....	1 50
do seed.....	1 50
Collinsonia Stenocarp.....	1 50
Cornus Florida.....	1 50
Corydalis Turkey pea.....	1 50
Cubeba.....	1 50
Cypripedium.....	1 50
do Foreign.....	1 50
do Am.....	1 50
Chionanthus.....	1 50
Cistacea Chestnut Leaves.....	1 50
Condurango.....	1 50
Coco Erythrox Coep.....	1 50
Damiana.....	1 50
Digitalis Foxglove.....	1 50
Dioscorea Wild Yam.....	1 50
Dulcamara True Bittersweet.....	1 50
Eucalyptus.....	1 50
Epilobium.....	1 50
Ergot.....	1 50
Erigeron Can. Fleabane.....	1 50
Epigaea Repens Gravel plant.....	1 50
Eononymus Wahoo.....	1 50
Eupatorium Perfr. Boneset.....	1 50
Eupatorium Purpur.....	1 50
Felix Mas. Male Fern.....	1 50
Galearia.....	1 50
Gelsemium.....	1 50
Gentian Lat.....	1 50
do Comp. U. S. P.....	1 50
Geranium Mac.....	1 50
Gossypium Cotton Root.....	1 50

Amar. Ipecac	1 40
Asteria Nig.	1 50
Star Root	2 00
Hops	1 40
Golden Seal	1 50
Elecampane	1 50
Blue Flag	1 40
Jalap root	2 00
Butterburt	1 25
Laurel	1 40
Rattany	1 75
Lotus	1 25
Motherwort	1 50
Culver	1 50
Button Snakeroot	1 40
Yel. Pop	1 25
Herb	1 50
Dugle	1 50
Heardouud	1 25
Bayberry	1 75
Heaps	1 50
Catnap	1 40
Tree Primrose	2 00
Evedalla	2 25
Bearsfoot	1 40
Punch	1 25
Senega	2 25
Garget	1 40
Wild Cherry	1 25
Water Ash	1 50
Rhubarb	1 50
Aromat.	1 50
Yellow Dock	1 40
Comp.	1 40
Blackberry	1 25
Blood Root	1 40
Leaves	1 25
N. K.	1 75
Comp.	1 75
Sculleap	1 40
Life root	1 40
Comp.	1 50
Alar	1 40
Jalap	2 25
Le. ornseed	1 75
Pink root	2 25
Comp.	2 00
Comp.	1 75
Squills	1 40
for Live Syrup	1 75
Skunk Cabbage	1 50
Rosin Weed	1 50
Dandelion	1 40
Birth root	1 50
English	1 25
Viride	1 50
Verrain	1 75
Hart	1 50
Jerned	1 50
Prickley Ash	1 75
Jam	1 75

### Concentrated Medicinal Syrups.

Our syrups are strictly official, of uniform strength, made of the best material, and by complete apparatus. We also guarantee the class of preparations, and we warrant them to give satisfaction.

Medicinal Syrups may be improvised by following the directions given for our concentrated

and Fluid Extracts.

	PER DOZ.	PER GAL.
Alterative Syrup	\$8 00	\$3 75
Pulmonary Syrup	8 00	4 00
Scrofulous Syrup	8 00	4 00
Syrup Helianthus	8 00	4 00
Syrup Michelia Rep. Comp.	8 00	4 00
Simple Syrup Silligiea, pt. bot.	per doz. \$12 00	
do do	per gallon.....	6 00

The Simple Syrup-Silligiea is one of the best and safest articles for all bronchial and throat affections.

Comp. Syrup Silligiea, pt. bot. per doz. \$9 00  
do do per gallon..... 4 00

We also make an article, the strength of the formula of the Eclectic Dispensatory, which we sell at \$3 50 per gallon, or \$5 00 per doz. pint bottles.

	PER LB.	PER GAL.
Syrup Iodide Iron	\$0 90	
" Squills	50	\$4 00
" comp.	75	5 00
" Ipecacuanha	75	5 00
" Rhubarb, arom.	75	5 00
" Senega	75	5 00

Concen. Nout. Cordial, per gal..... \$4 00  
" " per doz. pt. bot..... 8 00

We use the best brandy and select Rhubarb, and make of full strength. It is the best regulator of the bowels of any article known to the profession.

Acetous Emetic, \$8 per doz., \$4 per gallon.

As a common emetic it is to be preferred to all others. For formula and use, see Eclectic Dispensatory.

Restorative Wine Bitters, per bot.	\$1 00
do do per doz.	8 00
do do per gal.	4 00

Made after Beach's formula with good Malaga or Burgundy wine.

Compound Gin Bitters, per bot.	\$1 00
do do per doz.	7 00
do do per gal.	4 00

Made after Beach's formula for old Dr. Bone's Bitters, and is four times the strength directed by the original receipt.

### Dr. Thorp's Balsam of Life

It is now some fifteen years since Dr. Thorp first introduced this preparation to the profession, since which time it has been used by a large number of our best physicians for the cure of pulmonary affections; and from the great reputation it has gained, we confidently recommend it as one of the best remedies known for all cases of stubborn cough, where there is little or no expectoration; also for Asthma, Croup, Whooping-Cough, Bronchitis, and as a general expectorant. It is composed of Comp. Tinct. Myrrh, Asiae, Saugainaria, Lobelia, Sassafras, Squills, Peppermint, Dalm Oilend, etc. Price per doz. \$7.00, per gallon \$6.00.

### Merrell's Blackberry Anodyne:

The formula for this celebrated article, got up by H. M. MERRELL, was given to the profession some six years ago, and many physicians after full trial, give it their unqualified approval. We invite the attention of the pro-

fession to it, as an efficient remedy for Diarrhoea, Cholera Infantum, Cholera Morbus, and other affections of the bowels and stomach, which require an astringent, warming, and sedative medicine. It is neatly put up in 4 oz. vials. Price retail, 25c., per doz. \$2.00, per gal. \$6.00

### DR. THORP'S FEVER & AGUE TONIC

This is a new preparation that we offer to the profession after thoroughly testing it, and finding it to be the best article we have ever tried for the cure of all forms of Ague and Fever and for Night Sweats. It is entirely free from Arsenic, and all mineral poisons, being composed of Gelseminum, Macrotys, Sudorifics and tonics. Put up in four ounce bottles at \$7.50 per dozen, or in bulk at \$1.75 per pound bottle. We feel satisfied that one trial will satisfy every one of the great value of this preparation.

### TINCTURES.

	Per lb
Anti-spasmodic Tincture.....	\$0 75
Comp. Iamie Mixture.....	2 00
Well's Anodyne Drops.....	1 50
Elixir Vitriol.....	1 00
Renovator (Adolphus).....	3 00
Sudorific Tinct.....	1 50
Spirits Lavender, Comp.....	75
King's Expectorant.....	75
Tincture Myrrh, No. 6.....	75
" Mur. of Iron.....	50
" Opium (Laudanum).....	1 60
" O. Camph. (paregor).....	75
" Aconite Leaves.....	80
" Belladonna.....	60
" Lobelia.....	75
" Sanguinaria.....	60
" Macrotys saturated.....	60
" Arnica Flowers.....	80
" Lobelia Aral.....	60
" Sanguinaria Acet.....	60
" Veratrum Viride.....	1 00
" Phytolacca green Root.....	1 25
" Bryonia.....per os 25	
" Pulsatilla.....	" 25
" Yellow Jessamine.....	75
" Aloes.....	65
" " et Myrrh.....	75
" Anacardium.....	65
" Benzoic Comp.....	75
" Buchu.....	60
" Camphor.....	75
" " Comp (Rhumatic tinct).....	1 25
" Capsula Ind.....	80
" Cantharides.....	75
" Capsicum.....	65
" Cardamom.....	65
" " Comp.....	75
" Caulophyllum.....	60
" Catechu.....	60
" Cinchona.....	75
" " Comp.....	80
" Cinnamon.....	60
" Colechicum Seed.....	60
" " Comp.....	60
" Conium Mac.....	60

Tincture Oastor.....	1 25
" " Ammon.....	1 50
" Cubala.....	1 00
" Columba.....	1 00
" Corydalis.....	1 00
" " Comp.....	1 00
" Digitalis.....	1 00
" Ergot.....	1 00
" Euponymus.....	1 00
" Gentian Comp.....	1 00
" Galls.....	1 00
" Guaiac.....	1 00
" " Armoniated.....	1 00
" Helonia.....	1 00
" Hellebore.....	1 00
" Hops.....	1 00
" Hydrastis.....	1 00
" Hyoscyamus.....	1 00
" Iodine.....	1 00
" Imita.....	1 00
" Iris Ver.....	1 00
" Kalmia Lat.....	1 00
" Kino.....	1 00
" Krameria.....	1 00
" Lobelia Comp.....	1 00
" " et Capsicum Comp.....	1 00
" Lupulin.....	1 00
" Matico.....	1 00
" Myrrh.....	1 00
" Orange Peel.....	1 00
" Podophyllum.....	1 00
" Quassia.....	1 00
" Rhenish.....	1 00
" Scutellaria.....	1 00
" Skunk Cabbage.....	1 00
" Serpentina.....	1 00
" " Comp.....	1 00
" Senna.....	1 00
" Stillingia.....	1 00
" Stramonium Fol.....	1 00
" Tolu.....	1 00
" Valerian.....	1 00
" " Ammoniated.....	1 00
" Xanthoxylum (Berries).....	1 00

### Ointments and Plasters

	per lb	per
Ophthalmic Balsam.....	\$2 50	Mayer's Oint.....
Mild Zinc Oint.....	1 00	Fire Extrac.....
File Oint.....	2 00	Disinfectant Oint.....
Drummond Oint.....	60	Yellow Iodine.....
Bittersweet Oint.....	60	Wild Indigo.....
Urtica Ointment.....		
Mercurial Ointment.....	1/2 there.	
" " ".....	per lb.	
Aconite Plasters.....	1 00	Arnica Plaster.....
Belladonna Plaster.....	1 50	Cantharides.....
Black Sulph in 1/2 lb. tin boxes.....		
Irritating Plaster.....	1/2 rolls.....	
Strengthening Plaster.....		
Plaster, Arnica.....	spread, large per doz.....	
" " ".....	small.....	
" Burgundy Pitch.....	large.....	
" " ".....	small.....	
" Poor Man's.....	large.....	
" " ".....	small.....	
" Belladonna.....	small.....	
" " ".....	large.....	
" Porous, Mitchell's.....		
" Surgeon's adhesive.....	per sq.	
" " ".....	10 ft. x 1 in. w. d. per roll.....	
" " ".....	1/2 in. x 1 in. w. d. per roll.....	
" " ".....	1/4 in. x 1 in. w. d. per roll.....	
" " ".....	1/8 in. x 1 in. w. d. per roll.....	
" " ".....	1/16 in. x 1 in. w. d. per roll.....	
" Adhesive or Seal Cloth.....	per yd.	
" " ".....		

All other Ointments prepared at the shortest notice, and at the lowest rates

## Caustic.

Sesqui Carbonate of Potash, in two	
oz. bottles, per doz	\$2 00
Sesqui Carbonate of Potash per lb.	1 00

## Compound Powders.

Powder of Jalap Comp. Beach's Anti-Bilious Powder	\$1 00
Powder of Ipecac and Opium Comp. Diaphoretic Powder	2 00
Powder of Lobelia Comp. Emetic powder, 1 20	

Powder of Rhubarb Comp. Neutralizing Powder	1 50
Powder of Bayberry Comp. Composition Powder	40
Powder of Asclepias Comp. Morrow's Sweating Powder	40
Powder of Tamarac Comp. Mixture for Bone's or Gin Bitters	60
Powder of Populus Comp. Thompson's Spice Bitters	50
Powder of Comfrey Comp. Mixture for Restorative Wine Bitters	50
Powder of Deer's Horn, calcined-Buckhorn Styptic	1 00

## BOTANIC MEDICINES.

The following list of articles in various forms, with their prices, will enable the purchaser to make out his order, so that he may come very near the amount of Cash necessary to send. The Indigenous roots, herbs, barks, etc., are sold by us crude, dried, crushed, ground, powdered and pulverized. We put up some of the pulverized articles in bottles for which we make an extra charge. We also pack them in quantities of 1 lb.,  $\frac{1}{2}$  lb.,  $\frac{1}{4}$  lb., adding the customary price for packing. Herbs, when stated in quantities of several pounds in bulk will be charged lower than the quoted price, and in smaller papers than  $\frac{1}{4}$  lb., the extra price of cutting will be added. We warrant all our herbs as fresh and as neatly put up as those of any other house.

*C.*—Crud., signifies crushed or coarsely broken up. *Gd.*, ground without sifting, suitable for dusting or infusion. *Pulv.*, an impalpable or dusted powder. *Pkt.*, packed or pressed in 1 lb. or  $\frac{1}{2}$  lb. package; when no such designation is added, the article is understood to be in its crude or natural state.

Acacia—Pure Gum Arabic.....puly.	40
Acacia Millefolia—Yarrow.....pkt.	30
Aconitum Nap.—Aconite Leaves Eng. root.....	40
Aloes Calamus—Sweet Flag.....	25
Alum Alba & Rubra—wh't & rd Cohosh.....puly.	35
Ammonium Ped.—Maidenhair.....pkt.	30
Ammonia—Agrimony.....	25
Anemone—Garlic—bulb.....	50
Antem (Official)—Marsh Mallow—shk.....	30
Antem (Official)—scraped root.....	40
Asafoetida—Hollyhock—flowers.....puly.	30
Asafoetida—Cape Aloe.....	60
Asafoetida—Socotra Aloe.....puly.	75
Asafoetida—Red or Tak Alder.....pkt.	30
Asafoetida—Ragwort.....	20
Asclepias Quinoa—five leaf Ivy—crshd.....	25
Asclepias Persea—Peach Leaves.....pkt.	25
Asclepias Persea—Peach Bark—crshd.....	25
Asclepias Persea—Peach Pits.....	60
Asclepias Persea—May Weed.....pkt.	25
Asclepias Persea—Chamomile Flowers.....	50
Asclepias Persea—Archangel.....	40
Asclepias Persea—Am. Angelica.....	50
Apocynum And.—Bitter root.....puly.	40
Apocynum And.—Black In. Hemp—crshd.....	30
Aralia Hispidula—Dwarf Elder—crshd.....	40
Artemisia—Nudicaul s—wt Sarsaparilla crshd.....	30
Artemisia—Racemosa—Spikenard.....crshd.	20
Arnica Spinosus—prickly Elder.....brk. pt.	50
Arisaema—Virg. Snake root.....puly.	70
Artemisia Mont.—Artemisia Flowers.....	30
Artemisia Abreton—Southernwood.....pkt.	20
Artemisia—Abyssinth—Wormwood.....	25
Artemisia Santonica—Levant Wormseed.....	30
Artemisia—powd.....	60
Artemisia Vulgaris—Mugwort.....pkt.	30
Arum Triphyllum—Indian Turnip.....puly.	40
Aspid. Felix Mas—Male Fern.....root	60
Aspid. Petroselin—Parsley.....root	50
Asarum Can.—W. Ginger, C. Snake root.....	30
Asclepias Incarnata—W. Ind. Hemp crshd.....	40
Asclepias—Syria Silkweed.....crshd	30
Asclepias—Tuberosa—Pleurisy root.....crshd	40
Aster Paniculatus—Cocosh.....	45
Asparagus Off.—Asparagus—root.....	30

Belladonna En. Dead Nightshade.....	pkd	61	Fraxinus Sambuc. Black Ash.....	pkd
In bottles.....	pkd	62	Galium. Aprine. Cleavers.....	pkd
Borago off. Borago.....	pkd	63	Gambogia. Gum Gambogia.....	pkd
Baptisia Tinctora. Wild Indigo.....	crash	30	Gaultheria Proc. Spicy Wintergreen.....	pkd
".....	pkd	40	Geranium Lutea. Gentian root.....	pkd
Herberis Vul. Barberry bark root.....	pkd	44	" Calceol. Samp. Snake root.....	pkd
Berula Lenta. Sweet Birch.....	crash	35	" Oenothera. Am. Gentian.....	pkd
Calendula Off. Marigold Flowers.....	pkd	60	Geranium Majo. Cranesbill.....	pkd
Cantharides. Spanish Fly.....	pkd	28	".....	pkd
Capium Afric. Af Cayenne.....	pkd	34	Gent. Rivale. Avana root.....	pkd
Carbo Leoni prep. prepared charcoal.....	pkd	35	Gillipia Sulp. Ind Phys. Am. Ipecua.....	pkd
Carophyllus. Cloves.....	pkd	60	".....	pkd
".....	pkd	70	Gelsemium Semp. Y. Gelsemium.....	pkd
Carthamus Tinc. American Saffron.....	pkd	12	Glechoma. Ground Ivy.....	pkd
Cardus Benedictus. Blessed Thistle.....	pkd	49	Gnaphalium. Life Elevating.....	pkd
Cassia Mariland. Ae. Sea Senna.....	pkd	30	Gossypium. Cotton. Bark of root.....	pkd
Caulophyllum Tho. Blue Cohosh.....	pkd	30	Hamamelis. Leaves. Witch Hazel.....	pkd
".....	pkd	30	".....	pkd
Celastrum Scandens..... False Bittersweet.....	pkd	30	Heracleum Lanat. Masterwort.....	pkd
bark of root.....	pkd	30	".....	pkd
Ceanothus Am. Jersey Tea. bark root.....	pkd	50	Helianthemum Can. Rockrose.....	pkd
Chelidonium Majus. garden cel. ....	pkd	30	Helicoma Putigold. Fennervyal.....	pkd
Chelone Glabra. Balmory Herb.....	pkd	35	Helonias Dioica. Unicorn or Star root.....	pkd
".....	pkd	45	".....	pkd
Chenopodium Anth. Wormseed.....	pkd	20	Hepatica Amer. Liverwort.....	pkd
".....	pkd	20	Hemulus Lupinus. Hops.....	pkd
Chimaphylla. Princess Pine. Pipsissewa.....	pkd	35	Hydrang. Aborea. Seven barks.....	pkd
Cinchona. Red. Tree.....	pkd	10	Hydrastis Can. Golden Seal.....	pkd
".....	pkd	10	".....	pkd
" Calhaya.....	pkd	10	Hycosyamus Niger. Henbane.....	pkd
".....	pkd	10	".....	pkd
" Pale. Com.....	pkd	10	Hypericum Perf. Johnswort.....	pkd
".....	pkd	10	Hypoxyp. Og. Hyssop.....	pkd
Collinsonia. Stonerow or Oxtail.....	pkd	30	Ictodites Fendia. Stank Cabbage.....	pkd
Columba. Coc. Pal. Columbo.....	pkd	30	".....	pkd
".....	pkd	30	Impatiens Pallida. Jewel Weed or Wild.....	pkd
Comptonia Asp. Sweet Fern.....	pkd	30	".....	pkd
Conium Mac. Poison Hemlock.....	pkd	30	Inula Helenium. Elecampane.....	pkd
Convolvulus. Large Solomon Seal.....	pkd	40	".....	pkd
Convolvulus Pandu. Man in Earth.....	pkd	30	Ipecacuanha. Brazil Ipecac, pure.....	pkd
Cornus Florida. Dogwood.....	pkd	30	Ipeome Jalapa. Jalap.....	pkd
".....	pkd	30	Iris Versicolor. Blue Flag.....	pkd
Cornus Sericea. Swamp Dogwood.....	pkd	30	".....	pkd
Coptis Trifolia. Gold Thread.....	pkd	60	Jeffersonia Diphylla. Twinleaf.....	pkd
Coriandrum. Coriander seed.....	pkd	20	".....	pkd
".....	pkd	45	Juglans Cinerea. Bitternut. bark root.....	pkd
Corydalis Formosa. Turkey Pea.....	pkd	40	Juniperus Sabina. Sivin leaves.....	pkd
".....	pkd	40	".....	pkd
Cochlearia Off. Horseradish.....	pkd	40	".....	pkd
Cubeba offic. Onch berries.....	pkd	40	Kalmia Latifolia. Broadleaf Laurel.....	pkd
Cuc. Colocynthis. Col. Apple.....	pkd	75	Lactuca Elongata. Wild Lettuce.....	pkd
" pure pulp without seeds.....	pkd	80	" Antiv. Garden Lettuce.....	pkd
Eunilia Mariuua. Dittony.....	pkd	40	Lappa Major. Burdock root.....	pkd
Cynodactylon. Hound's Tongue.....	pkd	30	".....	pkd
Cypripedium. Ladies' Slippers.....	pkd	50	Laurus Benzoin. Spice Bush.....	pkd
".....	pkd	50	".....	pkd
Delphinium Consol. Larkspur.....	pkd	50	".....	pkd
Digitalis Purpurea. Foxglove.....	pkd	40	".....	pkd
".....	pkd	50	Leptandra vir. Culver or Black root.....	pkd
Dioscorea Vil. Wild Yam.....	pkd	25	".....	pkd
Diosma Crenata. Buchu. Leaves.....	pkd	40	Mastix Spicata. Bunion Snake root.....	pkd
Diospyros Vir. Persimmon. bark.....	pkd	30	".....	pkd
Droca Palustris. Leatherwood bark.....	pkd	30	Leonorus Card. Motherwort.....	pkd
Dulcamara. True Bittersweet.....	pkd	35	Ligusticum. Lovage or smollage.....	pkd
Epigaea Repens. Gravel Plant.....	pkd	40	Lignstrum. Firm or Privet.....	pkd
Epiphegus Vir. Beech Drop.....	pkd	30	Linum Usitat. Flaxseed.....	pkd
Ergota. Spurred Rye pulp, in bots.....	pkd	24	Liquidambar. Sweet Gum.....	pkd
Ergot. fresh.....	pkd	25	Liriodendron. Tulip tree or Yel. Pop. bark.....	pkd
Erechtites. Fireweed.....	pkd	25	" of large roots.....	pkd



# FOREIGN DRUGS AND CHEMICALS.

For the accommodation of many of our customers, we keep a full assortment of Foreign Medicines and Chemicals. The following list of prices, subject to the fluctuation of the market, will be found advantageous, by enabling the purchaser to make a proper selection.

Acid Acetic No. 8	per. lb.	30	Caster, Russia	per. oz.	10
Pyroigneus	do	30	Caster in the sack	per. oz.	10
Citric	per. lb.	1 40	Chinoline	per. oz.	10
Carbolic crst.	do	1 20	Cinchona Sulph.	do	20
do do	per. oz.	10	Chloral Hydrat	do	20
Tartaric	per. oz.	10	Cinchonidia Sulph.	do	20
Arsenious, pure	per. oz.	10	Colloidion	per. lb.	1 20
Gallie	do	20	do bottles	per doz.	1 00
Hydrocyanic U. S. P.	do	25	Coccalus Indicus	per lb.	1 00
Hypophosphorus	do	40	Copperas	do	1 00
Lactic Concent.	do	1 20	Copper Sulphate	do	20
Muriatic	per. lb.	20	Corrosive Sublimate	do	1 20
do C. P.	do	20	Courage Down	per oz.	10
Nitric, 41°	do	20	Oxam Tartar	per lb.	10
do C. P.	do	40	Crocinic	per oz.	20
Oxalic	do	20	Corks, Vial, Taper, No. 2	per gross.	20
Phosphoric Glacial	per. oz.	25	do do do	do	20
do dilute	per. lb.	1 00	do do do	do	20
Perogalic	per. oz.	1 00	do do do	do	20
Sulphuric	per. lb.	20	do do do	do	20
do C. P.	do	20	do do do	do	20
Salinharum	do	20	do do do	do	20
Salicylic pure	per. oz.	75	do do do	do	20
Agaric	per lb.	1 00	do Pint bottle	do	20
Alum.	do	10	do Quart do	do	1 00
Ammonia Aqua, strong	do	10	Cont. Plaster	per doz.	20
Anilite Ammatic	do	20	Etherium	drachm.	1 20
Carbonate	do	20	Exir of Opium, McMan's	per doz.	20
Muriate	do	20	Epsom salts	per lb.	10
Valerianate	per. oz.	1 25	Ether Acetic	do	20
do Elixir	per. lb.	1 25	do Nitrous (Spirits nit. dulce)	do	20
Ammon Bromide	per. oz.	1 00	do Sulphuric	do	20
do do	per. lb.	1 00	do do Concentrated	do	1 00
do do Indide	do	20	Empty Capsules, No. 2	per box	20
Antimony Tartrate, pure	per. lb.	1 40	do do No. 1	do	20
do Wine of	do	1 00	E. S. Jam G nger	per doz.	40
Arrow Root, Peruvian	do	40	Fumigating Patties, Box	do	20
do do Jamaica	do	40	do Lamp	each.	1 00
Arsenic	do	15	Farina	per lb.	20
do Fowler's Solution	do	25	Galls Blue 60 do, only	do	75
do Donovan's	do	20	Gin. Gennine Holland	per gal.	3 00
Bismuth, Sub. Carb.	per oz.	25	Guaiaec Resin	per lb.	20
do Ammon. Cit. Sol.	per lb.	75	do Wond ground	do	75
Bile Mass	do	1 00	Gelatin, select white	do	1 20
Balsam Copaiva, pure	do	1 20	do do red	do	2 20
do Fir	do	75	do Cox's	per doz.	2 20
do Tolu	do	1 75	Glue Gum	per lb.	20
do Peru	per oz.	20	do White	do	20
Berberine Sulph.	do	2 75	Gold Chloride 15 gr. vials	per bot.	75
Bismuth Subnitrate	do	25	do And Soda Chloride, 20 gra.	do	75
Bleistering Tissue, Brown's	per can	2 00	Glycerine, pure, terebenth.	per lb.	20
Borax Refined	per lb.	20	do No. 1	per gal.	3 00
Burundy Pile	do	25	Gum Arabic, white, selected	per lb.	20
Boxes Pill, paper nested	per paper	20	do do No. 2	do	20
do do rhonidered	do	35	do Galbanum, selected	do	2 00
do do Wood	do	25	do Ammoniac	do	75
do do Tin	per doz.	15	do Aspidoside	do	40
do do 1 oz.	do	20	do do powdered, pure	do	20
do do 2 oz.	do	20	do Benzoin	do	1 00
Camphor	per. lb.	60	do Tragacanth, common	do	20
Calomel	do	1 00	do do select white	do	1 50
do Hydro. sublimed, in 1 lb. bots.	do	1 00	do Resin Hemlock	do	20
Cantharides	do	2 25	Hydrarg. Gum Crete	do	75
do puri	do	2 50	do Nam Oil, genuine	per doz.	75
Capsules, Copalva, No. 1	per doz.	80	Hypophosphite Potassa	per oz.	20
do do No. 2	do	1 00	do Ammon	do	20
Cassia (Cinnamon)	per lb.	60	do Iron	do	75
do powdered	do	60	do Lime	do	20
do India	do	1 20	do Quinia	do	60
Chalk, common	per. lb.	10	do Soda	do	20
do prepared	do	20	do Manganese	do	1 00
do precipitated	do	40	Iodine, resublimed	do	20
			Iron by Hydrogen	do	11
			do Carbonate, precipitate	per lb.	20
			do Protin Carbonate, Vallets mass.	do	20
			do Citrate soluble	per oz.	20
			do Ferro Cyanide, pure	per lb.	1 40
			do do 1 ounce vials	per oz.	20
			do Hydrated Per Oxide	per lb.	75
			do Sulphate, pure	do	20
			do Strychia Citrate	per oz.	20

Iron, Tartrate, Soluble.....per oz.	20	Oil Blk. Pepper.....per oz.	10
" Solution, permitt.....per lb.	60	Curaway.....per oz.	30
" Phosphate.....per lb.	60	Chamomile.....per oz.	2 50
" Quinia Citrate.....per oz.	60	Citronella.....per oz.	15
" Ferulph (Monels).....per lb.	20	Capiva.....per oz.	2 50
" Hyposulphite.....per lb.	30	Whollom.....per oz.	1 00
" Azeate.....per oz.	30	Rose.....dr. 1 00 to 3 00	
" Syrup Iodide.....per lb.	75	Seneca.....per lb.	25
" Iodine.....per oz.	65	Spice.....per lb.	35
" Lactate.....do	35	Tar distilled.....per lb.	50
" Per Nit Solution.....per lb.	60	Tolner.....per oz.	2 50
" Per Chloride do.....do	75	Wormwood.....per oz.	40
" Sulph Exlo.....do	30	Ointment, Mercurial, half Mer.....per lb.	1 00
" Tannate.....per oz.	60	Ointment, Mercurial, third Mer.....per lb.	80
" Valerianate.....do	75	" all others of U S Dispens	
" Pyrophosphite.....per lb.	1 40	Opium.....per oz.	50
".....per oz.	15	" pure.....per oz.	75
".....per lb.	20	" Elixr. McLennan.....per doz.	4 00
Iceland Moss.....per lb.	20	Orange peel, ground.....per lb.	30
Irish Moss.....do	20	Orris root.....per lb.	75
Kingglass Cooper's.....per lb.	1 50	Pepsin, Baughton's.....dr. per oz.	75
" Am.....do	5 50	".....liquid per oz.	75
" Russia.....per oz.	60	Pomegranate Peel.....per lb.	75
".....per lb.	1 50 to 1 75	Potassa, Liquor, U. S. P.....per lb.	40
Kino, True.....per lb.	40	" Arsenite, Fowler's Sol.....per lb.	35
Lead Sugar of, pure.....per lb.	40	" Citrate.....per lb.	1 60
Liquorice root, select.....do	35	" Solubite.....per lb.	75
" pure.....do	40	" Bisulph.....per lb.	1 50
" Extract, Bl-ly.....do	30	Piperine.....per oz.	1 25
" Calabria.....do	60	Persia, Sheffer's.....per oz.	80
" pure.....do	60	Potash, Caustic, white.....per lb.	1 40
Lagwood, chipped.....do	6	" Acetate.....per lb.	75
" Extract by the box.....do	15	" Carbonate, Salts, Tar.....per lb.	35
Lactucarium.....per oz.	1 00	" Bi-Carbonate, Crystals.....per lb.	50
Lead Iodide.....do	40	" Nitrate, Saltpetre, ref. pure per lb.	30
" Nitrate Cryst.....per lb.	50	" Chloride.....per lb.	40
" Rub. Act. Solution.....lb.	50	" Sulphate, pure.....per lb.	25
" Tannate.....per oz.	50	Potash Chlor Chem. pure.....per lb.	75
Lime Carb. precip.....per lb.	30	Potash, Bromide.....per lb.	90
" Chloride.....do	20	" Iodide.....per oz.	25
" Phosphate.....do	60	" Permanganate.....per oz.	25
" Sulphite.....do	60	Powders, Schilitz.....per oz.	3 00
" Bisulph.....per gal.	25	" Soda.....per doz.	2 50
Lycopodium.....per lb.	1 50	Quassa, Resol.....per lb.	15
Mace.....per lb.	1 75	Quinine, Sul. Power & Weighman's per oz.	25
Magnesia Carbonate.....do	60	" Valerianate.....drachm 1 00	
" Calcined.....per doz.	1 25	Quinine, Cincho.....do	1 60
" Bisulph.....per oz.	80	Quinidia, Sulph.....per lb.	1 00
" Deuto.....per oz.	80	Red Precipitate.....per lb.	1 40
Mercury, Iodide, proto.....per oz.	20	Rhubarb Root, India.....per lb.	1 00
" Am Chlor (whit. precip).....per lb.	2 00	" pure.....per lb.	1 00
Manna, small cake.....do	1 50	Rhubarb, Turkey.....per lb.	50
Morphia Acetate, Murate & Sulph.....do	65	Rochelle Salts.....per oz.	90
Natring.....per lb.	1 60	Salaquin.....per oz.	90
Oil Almond.....per oz.	35	Santonine.....per oz.	90
" Bergamot.....per lb.	80	Scammona, Virgin.....per oz.	1 25
" Cedar.....per lb.	15	Seal, Anise.....per lb.	40
" Calapt.....per oz.	20	Curaway.....per lb.	40
" Cinnamon.....per oz.	25	" Fennel.....per lb.	20
" Clove.....per oz.	20	" Fennel.....per lb.	20
" Cubebs.....per oz.	20	" Fennel.....per lb.	20
" Croton.....per oz.	20	" Fennel.....per lb.	20
" Eucalypt.....per lb.	80	" Fennel.....per lb.	20
" Juniper.....per lb.	1 00	" Fennel.....per lb.	20
" Lavender.....per lb.	2 50	" Fennel.....per lb.	20
" Juniper Berries.....per lb.	3 00	" Fennel.....per lb.	20
" Oil Liver.....per gal.	3 00	" Fennel.....per lb.	20
" Lemon.....per oz.	40	" Fennel.....per lb.	20
" Origanium, Com. 75, pure.....per lb.	40	" Fennel.....per lb.	20
" Permentol.....per oz.	25	" Fennel.....per lb.	20
" Permentol.....per lb.	2 00	" Fennel.....per lb.	20
" Rosmaria.....per lb.	2 00	" Fennel.....per lb.	20
" Sassafras, pure.....per oz.	40	" Fennel.....per lb.	20
" Wintergreen.....per oz.	40	" Fennel.....per lb.	20
" Castor.....per gal.	1 60	" Fennel.....per lb.	20
" Almonds, sweet.....per lb.	70	" Fennel.....per lb.	20
" Cod Liver, pure, in plants.....per doz.	7 00	" Fennel.....per lb.	20
" Olive or sweet, common.....per gal.	2 00	" Fennel.....per lb.	20
" Olive fine Salted, large.....per doz.	4 00	" Fennel.....per lb.	20
" Olive fine Salted, small.....per doz.	3 50	" Fennel.....per lb.	20
" Capsia.....per oz.	50	" Fennel.....per lb.	20
" Horsemint.....per lb.	5 00	" Fennel.....per lb.	20
" Savin.....per oz.	20	" Fennel.....per lb.	20
" Ruyarmin.....per oz.	40	" Fennel.....per lb.	20
" Wormwood.....per oz.	30	" Fennel.....per lb.	20
" Amber, rect.....per lb.	1 25	" Fennel.....per lb.	20



4458	
Mortars, Glass, half pint.....	75
do do 4 ounces.....	60
do do Iron, turned, 1/2 gal.....	1 75
do do do 1 gal.....	2 50
do do do 2 gal.....	1 25
do do do 3 in.....	1 50
do do do standard.....	2 50
do do do mov. pans.....	7 00
Tranulas, 3 to 12 inches, per inch.....	0 00
Pill Machines, brass, 24 pills.....	0 00
Pill Files, plate and graduated.....	30 to 1 25
Cork Screws, pocket.....	25
do do Lignum Vitæ handles.....	50
Pressers.....	75
Methoscopes, Wood.....	75
do do Hard Rubber.....	24
do do Flexible Rubber ends.....	25
do do Cameron's double.....	1 00
Speculums, glass silvered vaginal.....	75
do do do rectum.....	75
do do do ear.....	75
do do Ricci's, 4 blade vaginal.....	10 00
do do Duckhill vaginal.....	9 00
do do two blade, var.....	2 50
Catheters, silver; male.....	1 00
do do female.....	75
do do Combined.....	1 75

## SURGICAL INSTRUMENTS.

### AMPUTATING AND TREPHINING.

Fine Mahogany Case.....	\$32 00
Ferruled Instruments.....	

### AMPUTATING.

Fine Mahogany Case.....	25 00
Ferruled Instruments.....	
Single Capital Knife.....	4 50
Short Knife.....	3 00
Bone Forceps, Liston's.....	3 50
Capital Saw.....	4 50
Metacarpal Saw.....	2 00

### TREPHINING.

Mahogany Case.....	16 00
Single Trephine.....	3 50
Elevator.....	1 00
Key Saw.....	1 75
Scalpel.....	1 00

### EYE INSTRUMENTS.

Case with 8 Instruments, Ivory Handles.....	14 00
Single Needle.....	1 00
Case Strabismus Instruments.....	8 50
Single Knife.....	1 50
Single Scissors.....	1 75
Single Forceps.....	1 25

### OBSTETRICAL INSTRUMENTS.

Hodges, Meigs, or Davis' Forceps.....	8 00
Pain Straight.....	8 00
Forceps.....	2 50
Perforators.....	3 25
Forceps.....	3 50
Blunt Hook and Crotches.....	1 50
Obstetrical Case complete.....	150 00

## POCKET INSTRUMENTS.

Compact Double Instruments, Prof. Gross.....	22 00
do do Shell Handle.....	20 00
do do Case.....	15 00
4 Fold, with double Catheter.....	15 00
4 Fold, with single Catheter.....	14 00
3 Fold, with combined Catheter.....	13 00
2 Fold, with single Catheter.....	11 00
2 Fold, with single Catheter.....	8 25
2 Fold, without Catheter.....	7 50
4 Fold, with double Catheter, Portmou.....	
do do do.....	18 00
4 Fold, double Instruments, Shell Handle.....	
do do do.....	17 00
4 Fold, shell handle.....	18 00

## TOOTH FORCEPS.

Fine.....	1 75 to 2 00
Tooth Keys.....	3 00 to 2 50

## HYPODERMIC SYRINGES.

Hard Rubber, 1 tube.....	2 00
do do 2 tubes.....	2 50
Glass, 2 tubes.....	3 50
Glass and Metal, 2 tubes.....	4 00

## MISCELLANEOUS.

Dissecting Cases, full.....	6 00
do do small.....	4 50
Single Scalpel.....	1 00
Single Forceps.....	3 00
Single Biopsy.....	1 00
Single Thumb Lancet.....	75
Single Gum Lacet.....	75
Single Abscess Lancet.....	75
Cupping Case.....	5 00
do do with Serruletor.....	10 00
Single Serruletor.....	4 50
Tongue Depressor, silver plated.....	1 50
do do German Silver.....	1 00
Palmer's Battery.....	10 00
Kidder's Battery, Electro Magnetic.....	11 00
Foster's Battery, double current.....	12 00
Nasal Douche, improved.....	1 50
Trocar and Canula.....	1 75
Fever Thermometer.....	2 50
Fever Thermometer bell registering.....	3 50
Atonizers, Common & Shurtliff.....	6 00
do do Hand bulb.....	3 00
Dr. Merrell's Vaginal Irrigator.....	1 75

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

We are the Agents for Doctor  
**BROWN'S RENOVATOR**, an Instru-  
ment for the treatment of disease, by  
Acupuncture and Counter irritation.  
Prices for full set, comprising Instru-  
ment, Book and Medicines \$12.00.

# WE ARE THE AGENTS FOR

## WILLIAM R. WARNER & CO'S

### CELEBRATED

# Sugar-Coated Pills and Granules.

	100 500		100 500
ACUE: Chinoidin 2 grs., Ext. Col. Co. 1/2 gr., Ol. Pip. Nig. 1-6 gr., Ferri Sul. 1/2 gr.	875 83 50	ALOMEL ET OPII: Calomel, 2 grs., Opium 1 gr.	85 4 00
ALOES: U. S. P.	40 1 75	ALOMEL ET RHEI: Calomel, 1/2 gr., Ext. Rheb. 1/2 gr., Ext. Coloc. C. 1/2 gr.	75 3 50
ALOES ET ASSAFETIDA: U. S. P.	40 1 75	CAMPBOR ET EXT HYOSCYAMUS: Campbor, 1 gr., Ext. Hyoscyamus, Eng 1 gr.	50 2 25
ALOES ET FERRI: Pulv. Aloes Soc. 1/2 gr., Ferri Sulph. Exsic. 1 gr., Ext. Coalil. 1/2 gr.	40 1 75	CATHARTIC COMP: U. S. P.	60 2 75
ALOES ET MASTICH: Lasy Webster	50 2 25	CATHARTIC COMP. Imp. Ext. Coloc. Comp., Ext. Jalap. Podophyllin Lep- tandrin, Ext. Hyoscyamus, Ext. Gen- tian, Ol. Menth 3 grs.	60 2 75
ALOES ET MYRRH: U. S. P.	50 2 25	CATHARTIC COMP. VEGETABLE: Podophyllin, Scammony, Ext. Colo- cynth, Aloes, Soap and Cardamon.	60 2 75
ALOES ET NUX VOMICA: Pulv. Aloes Soc. 1 1/4 grs., Ext. Nux Vomica, 1/2 gr.	50 2 25	CATHARTIC COMP. CHOLAGOGUE: Res. Podophyllin 1/2 gr., Pil. Hydrag 1/2 gr., Ext. Hyoscyami 1/2 gr., Ext. Nux Vom 1-6 gr., Ol. Res. Capsici, 1/2 gr.	60 2 75
ALTERNATIVE: Mass Hydragryl 1 gr., Pulv. Opt. Pulv. Ipecacoea. 1/2 gr.	50 2 25	CHAPMAN'S DINNER PILLS: Pulv. Aloes Soc. Pulv. Rheb Opt. Gum Mas- tich.	60 2 75
AMMON BROMID: 1 gr.	75 3 50	CHEM OXALAT: 1 gr.	60 2 75
ANALEPTIC: Fr. Antimomalis. 1/2 gr., Fr. Res. Gualac. 1 gr., Fr. Aloes Soc. 1/2 gr., Fr. Myrrh 1/2 gr.	60 2 75	CHINIDIN: 1 gr.	50 2 25
ANDERSON'S SCOTTS:	40 1 75	CHINOIDIN COMP: Chinoidin, 2 grs., Ferri Sulph. Exsic. 1 gr., Piperina, 1/2 gr.	60 4 75
ANODYNE: Fr. Camphora 1 gr., Morphia Acetat. 1-30 gr., Ext. Hyos- cyami 1 gr., Ol. Res. Capsici, 1-3 gr.	75 3 50	CIS. NON. SUL: 1 1/4 grs.	75 3 50
ANTHELMINTIC: Santalina, Calomel, ea. 1 gr.	60 4 75	COCCA: Pulv. Res. Scammony, 1 gr., Pulv. Soc. Aloes. 1 1/4 grs., Pulv. Colo- cynth, 1/2 gr., Potas. Sulph. 1/2 gr., Ol. Caryophyl. 1/2 gr.	90 4 25
ANTI-BILIOUS: (Vegetable) Fr. Ext. Coloc. C. 3/4 gr., Podophyllin, 1/2 gr.	60 2 75	COOK'S: 2 grs., Pulv. Aloes Soc. 1 gr., Pulv. Rheb. 1 gr., Calomel, 1/2 gr., Sapon. Hispan. 1/2 gr.	60 2 25
ANTI-CHILL: Chinoidin, 1 gr., Ferri Ferrocyan. 1 gr., Ol. Piper Nig. 1 gr., Arsenic. 1-30 gr.	60 4 75	COLOCYNTHIDIS COMP.: 3 grs. U. S.	60 2 25
ANTI-CHOLERIC: Potas. Chlor. 1 gr., Ferri Chlor. 1/2 gr., Fr. Podophyllin 1 gr., Fr. Myrrh 1/2 gr.	75 3 50	COLOCYNTH ET HYDRARG ET IPE- CAC: Pulv. Ext. Coloc. Comp. 2 grs., Pil. Hydrag, 2 grs., Pulv. Ipecac 1-4 gr.	75 3 50
ANTI-CHOROMANIA: Elici Valer 2 grs., Ferri Valer, 1/2 gr., Ext. Sumbal 1/2 gr.	75 3 50	COLOCYNTH ET HYOSCYAMUS: Ext. Coloc. C. 2 1/2 gr., Ext. Hyoscy- amus 1 1/2 gr.	75 3 50
ANTI-DYSPEPTIC: Strychnia. 1-40 gr., Ext. B. ladonna, 1-10 gr., Pulv. Ipe- cac. 1-10 gr., Mass. Hydrag, 2 grs., Ext. Col. Co. 2 grs.	60 4 75	COPAIBA ET EXT. OUBUBA: Pul. Copalium, 2 grs., Oleo resin, Capobas, 1 gr.	60 2 75
ANTIMONII COMP: U. S. P. [See Pil. Plummer]	40 1 75	COPAIBA COMP.: Pil. Copalb. Resin Gualac. Ferri Cit. Oleo-resin, Capob.	60 2 75
ANTI-PEPTIC: Cinchidim Sul. 1 gr., Res. Podophyllin 1-30 gr., Strych- nia Sul. 1-30 gr., Gelsemina, 1-30 gr., Ferri Sulph. Exs. 1/2 gr., Ol. Res. Cap- sici 1-10 gr.	80 2 75	DIGITALIS COMP.: Pulv. Digitalis. 1 gr., Pulv. Scilla, 1 gr., Potas. Nit. 2 grs.	60 2 25
ANTI-SPASMODIC: Ext. Hyoscyami, 1/2 gr., Morphia Acetat. 1-10 gr., Brom. Camphor. 1/2 gr., Fr. Capsici, 1/2 gr.	75 3 50	DIURETIC: Sapo. Hispan. Pulv. 2 grs., Soda Carb. Exsic. 2 grs., Ol. Baccm Junil. 1 drop.	60 2 25
ANTI-SPLENETIC: Fr. Aloes Soc. 1 gr., Fr. Ammoniac 1/2 gr., Fr. Myrrh 1/2 gr., Ext. Bryony, 1 gr.	60 2 75	DUPUYTREN: Pulv. Gualac. 2 grs., Hyds. Chlor. Corros. 1-10 gr., Pulv. Opil. 1/2 gr.	60 2 25
APPEMENT: Ext. Neo. Vom. 1/2 gr., Ext. Hyoscyam, 1/2 gr., Ext. Coloc. C. 2 grs.	75 4 00	ECCOPHORI: Ext. Aloes Soc. 2 grs., Ext. Nux Vomica 1-3 gr., Res. Podophyllin, 3 10 gr., Ol. Caryophyl. 1-10 gr.	60 2 75
ASSAFETIDA: U. S. P.	40 1 75	EMMENAGOGUE: Ergotina, 1 gr., Ext. Hellebore. Nig. 1 gr., Aloes. 1 gr., Ferri Sul. 1 gr., Ol. Sabian 1/2 gr., FEL. Bovinum: Ox-gall, 2 grs., Pow- dered Jamaica Ginger, 1 gr.	60 2 25
COMP. Assafetida, 2 grs., Ferri Sulph. Exsic. 1 gr.	40 1 75	FERRI, (Quevane's), 1 gr.	75 3 50
ASSAFETIDA ET RHEI: Assafetida, 1 gr., Pulv. Rheb. 1 gr., Ferrus 1 gr.	75 3 50	FERRI, CARD. (Valet's) U. S. P. 3 grs.	40 1 75
ASTRINGENT: Ext. Gerani, 2 grs., Fr. Opil. 1/2 gr., Ol. Menth. 1/2 gr., 1-20 gr.	60 2 75	FERRI, CITRAT. 2 grs.	50 2 25
BISMUTH: Subnit. 2 grs.	75 3 50	FERRI, COMP. U. S. P.	40 1 75
BISMUTH AND IGNIATIA: Bismuth Sub. Carb. 4 grs., Ext. Ignatia Amara, 1/2 gr.	60 2 25		
BISMUTH: Subcarb. 2 grs.	75 3 50		
BISMUTH AND NUX VOMICA: Bismuth Sub. Carb. 4 grs., Ext. Nux Vomica 1/2 gr.	60 2 25		
ALOMEL: 1/2 gr., 1, 2 and 3	40 1 75		
ALOMEL: 6 gr	50 2 25		

FERRI, IODID, 1 gr.	25 3 00	PODOPHYLLIN, 1 gr.	75 3 60
FERRI, LACTAT, 1 gr.	40 2 25	PODOPHYLLIN, ET HYDRARG: Po-	
FERRI, PHOSPHOS, 1 gr.	40 1 75	dophyllin, $\frac{1}{2}$ gr. Pil. Hydrarg., 2 grs.	50 2 25
FERRI, VALEIC, 1 gr.	00 4 75	POTASS. BROMID, 1 gr.	75 3 00
FERRI ET QUAS. ET NUX. VOM:		" " IODID, $\frac{1}{2}$ gr.	25 4 00
Ferr per Hydrogen, $\frac{1}{2}$ gr Ext.		QUINID. SULPH., $\frac{1}{2}$ gr.	100 4 25
Quassa 1 gr Ext. Nux Vom $\frac{1}{2}$ gr.		" " " 3 gr.	4 00 19 75
Ferr Sapalis, $\frac{1}{2}$ gr.	75 3 80	" ET EXT. BELLADONNA:	
FERRI ET STRYCHNIA: Strychnia,		Quinid. Sulph 1 gr. Ext. cellas, $\frac{1}{2}$ gr. 1	75 3 50
1-5 gr. Ferrum per Hydrag. (Quere-		QUINIA ET FERRI: Quin. Sulph. 1	
vanche) 2 gr.	75 3 60	gr. Ferrum per Hydrag. (Querevanche)	1 75 3 60
FERRI ET STRYCHNIA CIP: Strych-		QUINIA ET FERRI CARB: Quinid. 1	
cin 1-5 gr. Ferr CIP 1 gr.	75 3 60	gr. Ferr Carb (Vallet) 2 gr.	1 75 3 60
GAMBOLLE COMP: Pulv. Gambogiae		QUINIA ET FERRI: Cit. 1 gr.	75 3 00
Pulv. Aloe Socot. Pulv. Zingib. Jam.		QUINID. ET FERRI, ET Strychnia:	1 40 6 75
Pulv. Sapalis.	40 1 75	NIX: Quin. Sulph. 1 gr. Ferr Carb.	
GENT COMP: Ext. Gentian, $\frac{1}{2}$ gr. Fr.		(Vallet's), 2 gr. Strychn. Sul. 1-50 gr. 1	75 3 60
Mons Tue 2 grs. Ol. Carul. 1-5 gr.	40 1 75	QUINIA ET FERRI, ET Strychnia,	
GENTIANITRIS: Pulv. Gentian, 3 grs.		PHOS: Phos. Quinid. 1 gr. Phos. Iron,	
Sals. Opium. Solut. 1 gr. Ferr Sulph.	60 2 75	1 gr. Phos. Strychnia 1-50 gr.	1 75 3 60
1 gr. Venet. Teracanth, 1 gr.		QUINIA, IODIFORM AND IRON:	
STRATIA: Pul. Hydrag. 3 grs. Ext.	80 3 75	Iodiform, 1 gr. Ferr Carb. (Vallet's)	
Colic Comp. 1 gr. Ext. Hydrag. 1 gr	40 1 75	2 grs. Quinid. Sul. $\frac{1}{2}$ gr.	80 14 75
STRUTTER: Female Pills 3 gr.	50 2 25	QUINIA ET FERRI, Valer. 2 grs.	50 1 25
STRUTTER: 2 gr.	40 1 75	QUINIA ET STRYCHNIA: Quinid.	
STRUTTER: 2 gr.	50 2 25	Sul. 1 gr. Strychnia, 1-50 gr.	1 75 3 60
STRUTTER: 2 gr.	40 1 75	QUINIA, Valerianate, $\frac{1}{2}$ gr.	2 10 3 75
STRUTTER: 2 gr.		Kucl. U. S. P.: Pulv. Kucl. 3 grs. Pulv.	
STRUTTER: 2 gr.	75 3 60	Sapalis, 1 gr.	75 3 60
STRUTTER: 2 gr.	60 2 25	RHEU. COMP. U. S. P.: Pulv. Rheu. 2	
STRUTTER: 2 gr.	85 3 00	grs. Pulv. Aloe Socot. $\frac{1}{2}$ grs. Strychnia,	
STRUTTER: 2 gr.	50 2 25	1 gr. Ol. Ment. Pip.	75 3 60
STRUTTER: 2 gr.	60 2 75	RHEUMATIC: Ext. Coloc. C. $\frac{1}{2}$ grs.	
STRUTTER: 2 gr.	1 00 4 75	Ext. Colocici Acet. 1 gr. Ext. Hydrag.	
STRUTTER: 2 gr.	75 3 60	Ext. Colocici Acet. 1 gr. Ext. Hydrag.	
STRUTTER: 2 gr.	40 1 75	SANITONIC, 1 gr.	1 00 4 75
STRUTTER: 2 gr.	1 50 7 25	SYMPLECTIC: Potass. Iod. 2 1/2 grs.	
STRUTTER: 2 gr.	60 2 75	Hyd. Chlor. Corros. 1-40 gr.	1 00 4 75
STRUTTER: 2 gr.	1 00 4 75	TONIC: Ext. Gentian, 1 gr. Ext. Hu-	
STRUTTER: 2 gr.	75 3 60	mul, $\frac{1}{2}$ gr. Ferr Carb. Sacch., $\frac{1}{2}$ gr.	
STRUTTER: 2 gr.	40 1 75	Ext. Aua Vom. 1-20 gr. Res. Ruod.	
STRUTTER: 2 gr.	1 50 7 25	1-25 gr. Ol. Res. Zingiber, 1-10 gr.	60 2 75

## SUGAR COATED GRANULES.

Acid, arsenous, 1-20, 1-30 and 1-50 grs.	40 1 75
Acouita. 1-50 gr.	75 3 60
Atropia, 1-50 gr.	75 3 60
Corrosive subli., 1-12, 1-20 and 1-40 gr.	40 1 75
Crotophyllin, 1-10 gr.	40 1 75
Cinchituglin, 1-10 gr.	40 1 75
Digitatin, 1-50 gr.	75 3 60
Elixerium, (Clutterbuck's) 1-10 gr.	95 6 00
Extract Belladonna, (Eng.) $\frac{1}{2}$ gr.	40 1 75
" Ignatia Amara, $\frac{1}{2}$ gr.	60 2 25
" Cammaris Indica, $\frac{1}{2}$ gr.	60 2 75
" Hyoscyamus, (Eng.) $\frac{1}{2}$ gr.	40 1 75
" Nux Vomica, $\frac{1}{2}$ and $\frac{1}{4}$ gr.	40 1 75
Gelsemin, $\frac{1}{2}$ gr.	50 3 25
" $\frac{1}{4}$ gr.	75 3 60
Hydrastin, $\frac{1}{2}$ gr.	95 4 00
Helonia, 1-50 gr.	50 3 25
Leptanarin, $\frac{1}{2}$ gr.	40 1 75
" $\frac{1}{4}$ gr.	55 3 25
Mercury, Iodine, $\frac{1}{2}$ gr.	40 1 75
" Iod. 1-10 gr.	40 1 75
Morphia, Acet, $\frac{1}{2}$ gr.	70 3 25
" Sulphate, 1-10 gr.	60 3 75
" " $\frac{1}{2}$ gr.	70 3 25
" " 1-50 gr.	80 3 75
" " $\frac{1}{2}$ gr.	1 00 4 75
" Valerianate, $\frac{1}{2}$ gr.	1 00 4 75
Podophyllin, 1-10 gr.	40 1 75
" $\frac{1}{2}$ gr.	40 1 75
" $\frac{1}{4}$ gr.	50 3 25
Podophyllin Comp: Podophyllin, $\frac{1}{2}$ gr.	
Ext. Hyoscyam, $\frac{1}{2}$ gr. Ext. Aua	
Vomica, 1-10 gr.	75 3 60
Silver Nitrate, $\frac{1}{2}$ gr.	75 3 60
" Iodine, $\frac{1}{2}$ gr.	75 3 60
Strychnia, 1-10, 1-20, 1-30, 1-50, 1-40 and	
1-10 gr.	40 1 75

## SPECIFIC MEDICINES.

	FIRST DOL.	4 OZ. DOL.		FIRST DOL.	4 OZ. DOL.
Acid, Hydrochloric, Dilute.....	\$ 80	\$ 30	Helonias.....	2.50	65
Sulphurous.....	80	30	Hepatica.....	1.80	50
Aconite.....	2.00	55	Hydrastis.....	2.00	55
Agripmonia.....	1.80	50	Hyosciamus.....	2.25	60
Ajanthus.....	2.50	65	Hydrangea.....	1.80	50
Alnus.....	1.80	50	Ipecacuanha.....	5.00	1.50
Amygdalis Persica.....	1.80	50	Iris Versio.....	1.80	50
Apocynum Can.....	1.80	50	Juglans.....	1.80	50
Asalia Hisp.....	1.80	50	Kalmia.....	1.80	50
Acid Carbolic.....	1.40	40	Leptandra.....	2.00	55
Asclepias.....	1.80	50	Lobelia.....	2.25	60
Apis.....	3.00	80	Macrotys Rac.....	1.80	50
Belladonna.....	2.00	55	Myrica Cer.....	1.80	50
Boletis Laricis.....	3.00	80	Nux Vomica.....	1.80	50
Baptisia Tinct.....	1.80	50	Panax Quinq.....	2.25	60
Bryonia.....	3.00	80	Phosphorus.....	1.75	50
Cactus Grandif.....	5.00	1.50	Phytolacca.....	1.80	50
Cannabis Indica.....	3.00	80	Pulsatilla.....	3.00	80
Caulophyllum.....	1.80	50	Prunus.....	1.80	50
Corydalis.....	2.25	60	Ptelea.....	2.00	55
Cochicum Seed.....	1.80	50	Polymnia Uvedalia.....	2.25	60
Collinsonia.....	1.80	50	Rhus Toxicodend.....	3.00	80
Conium.....	1.80	50	Rumex Crisp.....	1.80	50
Cypripedium.....	2.00	55	Rheum.....	5.00	1.50
Coffee.....	2.50	65	Stramonium.....	1.80	50
Cinnamon.....	2.25	60	Senecio.....	1.80	50
Colocyuth.....	2.50	65	Sticta.....	3.00	80
Cuprum.....	2.25	60	Staphisagria.....	3.00	80
Carbo-Veg.....	2.00	55	Stillingia.....	2.25	60
Chelidonium.....	2.00	55	Sambucus.....	1.80	50
Chionanthus.....	2.25	60	Senna.....	1.80	50
Digitalis.....	2.00	55	Veratrum Viride.....	2.25	60
Drosera.....	3.00	80	Viburnum.....	1.80	50
Ergot.....	3.00	80	Xanthoxylum.....	2.25	60
Epilobium.....	1.80	50	Mayer's Ointment.....	1.00	
Eryngium.....	1.80	50	Strammon.....	75	
Eupatorium Parp.....	1.80	50	Phosph. Soda.....	70	
Euonymus.....	1.80	50	Sulphite Soda.....	75	
Euphorbia Cor.....	1.80	50	Podophyllin Triturated, per oz.....	25	
Gelseminum.....	3.00	80	Hydrastia Sulph.....	3.50	
Galium Ap.....	1.80	50	Sanguinaria Nitrate.....	2.00	
Grindelia Robusta.....	3.00	80	Yerba Santa.....	2.50	65
Hamamelis.....	1.00	30			

## ELIXIRS AND WINES.

	FIRST PINT.	PER GAL.		FIRST PINT.	PER GAL.
Elixir Calisaya and Iron.....	85	5 50	Elixir Brom. Potassa.....	85	5 50
Elixir Calisaya, Iron and Strychnia.....	85	5 50	Elixir Calisaya.....	75	5 00
Elixir Calisaya, Iron and Bismuth.....	85	5 50	Elixir Taraxacum Comp.....	40	4 00
Elixir Pepsin, Bismuth and Strychnia.....	80	10 00	Elixir Buchu.....	75	4 50
Elixir Phos. Iron, Quinia and Strychnia.....	80	14 00	Elixir Buchu and Potassa.....	75	5 00
Elixir Pyrophosph. Iron.....	75	5 00	Wine of Wild Cherry.....	75	6 00
Elixir Valerianate Ammon.....	80	7 50	Wine of Wild Cherry, Ferrated.....	75	5 00
Elixir Gentian.....	80	4 00	Wine of Pepsin.....	1 50	11 00
Elixir Gentian, Ferrated.....	75	5 00	Wine of Iron, bitter.....	85	5 50
Elixir Pepsin and Pepsin.....	80	14 00	Wine of Iron, with beef.....	85	4 50

H. M. MERRELL &amp; CO.

CINCINNATI, OHIO.

**CASES TREATED WITH THE**

**ELIXIR**

**Iodo-Bromide Calcium**

**COMPOUND.**

---

**Scrofulous Swelling with Abscess of the Ankle Joint, Complicated with Erysipelas.**

Extract from letter of Dr. A. OSBORN, Peru, Huron Co., Ohio.—I find the Elixir Iodo-Bromide of Calcium Comp., one of the best alteratives I have ever employed. I have used it in quite a number of cases with astonishing results. One case, that of Mrs. G., is particularly worthy of note. A widow lady, aged 55, with chronic inflammation of the ankle joint, with two running sores near the joint. She was of a scrofulous diathesis and subject to attacks of erysipelas. I treated her for a month with alteratives, as Proto-Iodide and Chloride of Mercury, Iodide of Potassium, &c., but with my best endeavors, she did not improve.

I noticed in the *Journal of Materia Medica* some very extraordinary cures effected by the "Elixir Iodo," and decided to give it a trial at once, and was gratified at the immediate improvement perceptible, and in one month the sores were healed. Swelling passed away and with it all pain, and in a short time she was able to walk and take exercise. She remarked to me the last time I called that she had not been so well in five years.

Since this I have treated a number of other cases of scrofula, less severe but with equal results.

**Scrofula.**

Extract from letter of C. C. NORRIS, M. D., Colebrook, N. H.—Hettie a little girl aged 4 years. Was called to see her August 4, 1874, she had been sick some time. Eyes very sore, could not bear the light; could not open them, there was so much matter discharged from them. The neck on either side and behind, had large bunches or swellings; a number of which had gone on to suppuration.

The little patient was reduced to a skeleton, so weak she could not stand, or be moved much. I put her upon the Elixir Iodo-Bromide of Calcium Compound, full dose as much as she could bear. Used "Bromo-Chloralum" as a wash upon the neck, fed her with the most nutritious diet I could get, free from grease or fats of any kind.

Under the above treatment the child after a while began to rally. The sores ceased to discharge as freely and commenced to heal. The eyes opened, less sensitive to light; she went on improving until the sores about the neck all healed, no discharges, though the discharge had been very offensive—with the use of Chloralum it was all prevented. She became rugged and ran out of doors in all weathers. She left off the medicine last summer, and was not as well, the father procured a bottle of Sarsaparilla and Iron for her, but it did not improve her. He came to me about her, and I again gave him the "Iodo" which put her right again.

According to my experience with the "Iodo" it is the medicine for all glandular enlargements, tumors and ulcers, no matter of how long standing.

## Cases Treated with Elixir Iodo-Bromide Calcium Comp.

### In Bilious and Typhoid Fevers.

Extract from letter of CHAS. W. ANDREW, M. D., Wayland, Mich., April 27th, 1875.—"I have used the Elixir Iodo-Bromide of Calcium Comp., very extensively in my practice, and find it a most efficient and reliable remedy in general debilitated state of the system. I have no hesitation in pronouncing it the best tonic I have ever used in convalescence from Bilious and Typhoid Fevers."

### As a Tonic and Alterative.

Extract from letter of M. J. GRIFFITH, M. D., Fredricksburg, Va.

"I have used the Elixir Iodo-Bromide Calcium Comp., largely in my practice and regard it as an excellent remedy in chronic affections, when a tonic and alterative effect is indicated."

### Fibroid Cancerous Tumor.

Extract from letter of JAMES PEDEN, M. D.—Carthage, N. Y., Aug. 9, 1875.

Gentlemen—I herewith submit record of a case treated with Elixir Iodo-Bromide Calcium Comp., which I think a remarkable one. Mrs. Hiram Lewis, aged about 49, has been for years troubled with a *Fibroid Cancerous Tumor*. Apparent engorgement of right tonsil. Her temperament was leucophlegmatic. About March, 1871, the tumor commenced to grow rapidly and became very painful. She was treated irregularly for about a year, receiving various kinds of treatment and becoming discouraged, finally consulted me. Having a bottle of Elixir Iodo-Bromide of Calcium Comp., I gave it to her with the request to follow directions carefully. Relief followed at once. The pain gradually disappeared. The swelling has become chronic and is gradually but surely decreasing in size. I consider the Elixir Iodo-Bromide invaluable as an alterative and believe the time must come when it will be so regarded by the profession generally.

### Disease of the Scalp.

Extract from letter of L. P. BISSELL, Buffalo, N. Y.

For more than ten years I had been afflicted with an obstinate disease of the scalp—a form of scald head. A small spot appears upon the head, covered with what is apparently an excess of dandruff, the skin underneath being red and shining, upon removing the dandruff, or scab, it reforms from fresh excretion in less than an hour. These spots gradually enlarge, and others of the same kind appear. After a time these patches extend down to the forehead, about the roots of the hair, and occasionally appear upon the body and limbs.

During these ten years I have tried various remedies externally and internally; mineral water, sulphur, ammonia and applications of diluted corrosive sublimate, but all with no effect. Accidentally my attention was called to this preparation of Iodo-Bromide, and I was induced to try a bottle. I took it faithfully and according to directions; diluting a small quantity for local application. I found this very pleasant and cooling to the scalp, and it removed the constant desire to scratch away the *dandruffy* deposit upon the head. Before the first bottle was gone I saw an evident improvement, the spots began to dry up and recede. Slowly but surely this obstinate cutan-

## Cases Treated with Elixir Iodo-Bromide Calcium Comp.

eous enemy yielded to the purifying influence of the medicine. My clean head and pure blood I attribute wholly to the Elixir Iodo-Bromide of Calcium Compound.

### In Tonsillitis, &c.

Extract from letter of G. P. H. TAYLOR, M. D., 45, Vandam St., New York.

"I find the Elixir Iodo-Bromide Calcium Comp., a good substitute for the many preparations of Iodine—especially the iodide of Potassium and Sodium, having all their medicinal virtues without their nauseous taste. In affections of the throat and tonsils, the "Solution Iodo" is excellent, and is an elegant preparation as a counter-irritant in Tonsillitis, &c. I have also found the Elixir, combined with Mercury, very efficacious in Syphilis, in both its primary and secondary stage."

### Rheumatism.

Extract from letter of D. T. WHYBORN, M. D., Cleveland, N. Y.

Gentlemen—Having a very severe and protracted case of sub acute rheumatism, which had proved rebellious to nearly all recognizable methods of treatment, I determined to test the value of your Iodo-Bromide Calcium Comp. The result was very gratifying to myself and patient, the improvement being prompt and positive.

### Necrosis of the Femur and Ilium.

Extract from letter of R. D. BIBBER, M. D.

Sirs.—Was called in September to see a child eight years of age, whom the parents said had fever sores. On examination, I found she not only had softening of spine, but necrosis of the femur and ilium. There were eight openings, and numerous sinuses into which I passed my probes from 2½ to 8 inches.

I learned from the parents, that the child received a fall two years ago, and shortly after, this state of things began to show itself. She had been in the hands of physicians most of the time since, without any benefit whatever. They had at last given up all hopes of saving the child's life, and abandoned treatment of all kinds. I then told them that although I thought the chances of the child's recovery were very slight indeed, yet I would like to make one good trial of a medicine that I had faith in, and if that failed I should feel as though all had been done that I could do for her. I then prescribed Elixir Iodo-Bromide Calcium Co., with directions to begin with half teaspoonful doses three times a day, and increase the dose to a teaspoonful as soon as possible.

She began to improve slowly at first, but it was as improvement and I was satisfied. Her appetite began to improve and with it her strength. Pain began to subside, discharge from openings grew less. This improvement has been going on unto this time; she is now fleshy; good appetite; free from pain—goes about the house with crutches and plays and laughs as heartily as the rest of the children.

In this case I am more than satisfied, for I could not give the child one chance in a thousand of recovering; and I give the "Elixir" credit of doing the work, as it was sinking rapidly before I gave it, and began at once to improve after taking it.

# FIRWEIN.

**Expectorant, Tonic, Diaphoretic. Used in Consumption, Bronchitis, Coughs, Catarrh, Asthma, and all Diseases of the Throat and Lungs.**

It may be given in all cases when cod liver oil may be suggested, associated with it, and forming a convenient and agreeable vehicle for the administration of the latter, and will be found to largely promote the efficiency of the oil. In cases which require iron, the pyrophosphate may be dissolved in it in quantities to suit indications.

Each fluid dram contains Phosphorus,  $\frac{1}{100}$  gr.—Iodine,  $\frac{1}{8}$  gr.—Bromine,  $\frac{1}{8}$  gr.

## LETTERS FROM PHYSICIANS.

**Firwein in Phthisis Pulmonalis.**—"I have recently used this new medicine, "Firwein," prepared by TILDEN & Co., with such gratifying results in a case of Phthisis Pulmonalis, that I am induced to call attention to its use in this disease, believing it possesses a combative influence over this malady which no other single remedy can claim." \*X. T. BATES, M.D.

**Firwein in Bronchitis.**—"I have tried it in several cases of *Bronchitis and Incipient Pulmonary Consumption* with the best results." I regard it as an expectorant, diaphoretic and tonic. Its specific influence on the lungs is marked, by increasing the expectoration and lessening the frequency and severity of the cough. It is certainly another valuable addition to our therapeutic list." †S. R. NISSLEY, M.D.

**Firwein in Chronic Bronchitis.**—"I have recently treated a case of Chronic Bronchitis, with the most marked results, I was really astonished to see so quick response from the Firwein. I deem it a good expectorant, diaphoretic and tonic." A PHYSICIAN IN WISCONSIN

**Firwein in Bronchitis and Consumption.**—"Some five or six years since I sent to you for some of your Firwein. I wanted to try it in the case of my only son. He had been sick with congestion of his right lung, and was rapidly hepatized as well as myself that he would soon die of consumption. I immediately put him upon the Firwein, and Cod Liver Oil and Lime. His cough has stopped entirely, and he is gaining flesh and strength rapidly. I attribute his cure to this treatment. All are surprised to see him gain so rapidly and you may rest assured I am greatly pleased." Dr. LEANING

Dr. LEANING, writes: Jan. 31st, 1876.—"His son is improving finely. He has gained much until he added the Firwein, under this he has gained nine pounds in weight in three weeks. Other patients are doing well. He has given it in another case of Pleura-pneumonia, equally severe and is doing well.

Dr. LEANING, writes: March 20, '76,—"My son has so far recovered that he goes to school when and where he wishes and has gained flesh rapidly since he commenced using Firwein and Oil and Lime. For some weeks he has only taken the Firwein and both he and I think it is doing him so much good that it cannot be dispensed with.

I have given it in another case of Asthma and Bronchitis with the best results.

Dr. PAINE of New York, has been using Firwein for a month, in the St. Elizabeth Hospital, in almost every phase of pulmonary complaints, with satisfactory results.

Put up in Five Pound Bottles, One Pound Bottles and Half Pound Bottles.

PREPARED ONLY BY

**TILDEN & CO., 176 William St., New York**  
(Laboratory) New Lebanon, N.Y.



REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

WM. R. WARNER & CO.

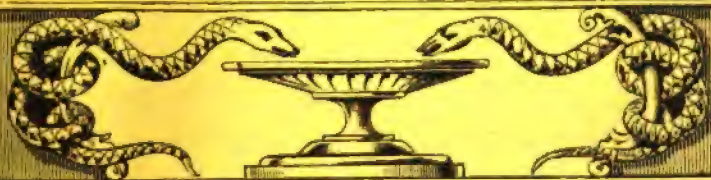
Manufacturing Chemists,

1228 MARKET STREET,  
PHILADELPHIA.

MANUFACTURERS OF

Reliable Sugar-Coated Pills,  
Standard Fluid Extracts, Elixirs,  
Wines, Syrups, New Remedies and  
all Official Preparations.

SEND FOR PRICE-LIST.



\*\*\*\*\* Sugar Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.*

# WARNER & CO'S Phosphorus Pills.

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

**Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.**

*The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.*

*This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.*

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of Phosphorous in Pilular form, prepared by WILLIAM R. WARNER & CO.*

**—PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.—**

	Price
Pil Phosphori, 1-100 gr. in each,	- - - - -
Pil Phosphori, 1-50 " " " "	- - - - -
Pil Phosphori, 1-25 " " " "	- - - - -
Pil Phosphori Comp.,	- - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Nucis Vomicae,	- - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom.	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Quinia,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom. et Quiniz,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	- - - - -
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	- - - - -

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER & CO.**  
Manufacturing Chemists,



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

For Official and other

Sugar Coated Pills.



## TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsome pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

# WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

"MESSRS. WM. R. WARNER & CO.

"MONTREAL, Dec. 2d, 1873.

Gentlemen:

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,  
*Professor Mat. Med. University of Bishops College,  
Lecturer on Chemistry, Botany and Mat. Med.  
in the Quebec College of Pharmacy, etc., etc.*

## SUGAR-COATED QUININE PILLS

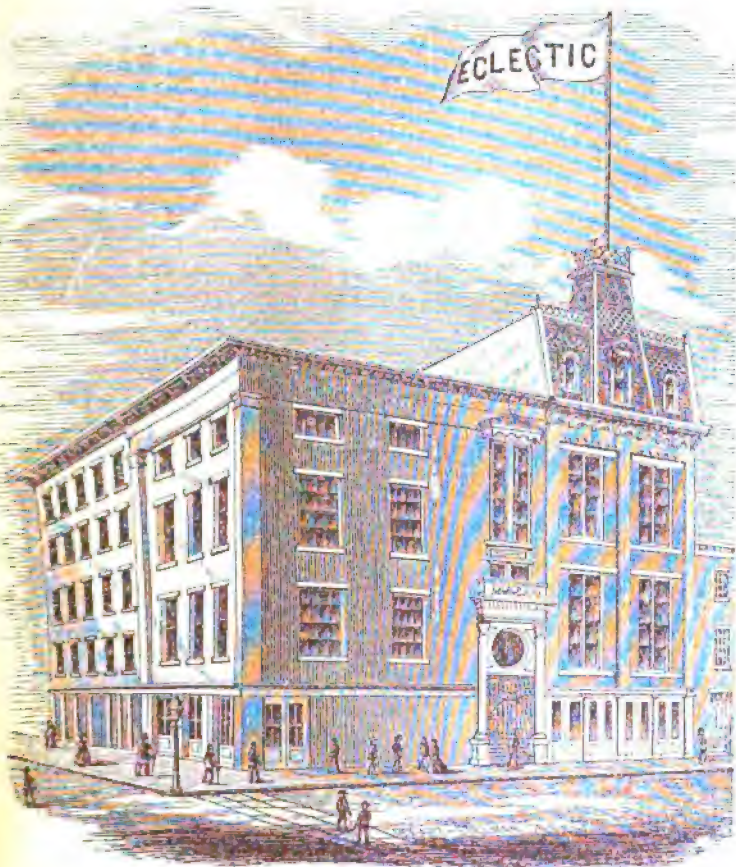
*From the St. Louis Medical and Surgical Journal,  
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.,



# Eclectic Medical Institute.

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 24, 1876. Preliminary Lectures from Sept. 25th.  
Spring Session Commencing February 1st, 1877.

---

For Annual Announcement, or other information, address  
DR. J. M. SCUDDER,  
CINCINNATI, OHIO.

# PARKE, DAVIS & CO.

## Manufacturing Chemists

DETROIT,

MANUFACTURERS OF

Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammonia,  
Pure Concentrations, Spts. Nitre &c.,  
Gran'ed Effervescing Salts, Pure Powd'd  
Chem. Pure Chloroform, Chemicals, &c.

We call special attention to the following articles lately added to our list:

Fluid Extract Jaborandi.  
Fluid Extract Damiana.  
Fluid Extract Guarana.  
Fluid Extract Eucalyptus Globulus.  
Fluid Extract Grindelia Robusta.  
Fluid Extract Bearsfoot.  
Fluid Extract Calendula.  
Fluid Extract Chestnut Leaves.  
Fluid Extract Cotton Root Bark, (from the fresh root.)  
Fluid Extract Gelsemium, (from the fresh root.)  
Pills of Picrate Ammonium, (sugar coated.)  
Brundage's Anti-Constipation Pills, (sugar coated.)

Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify Parke, Davis & Co. on their prescriptions.

Our list of manufactures can be obtained of the following Wholesale Druggists, at manufacturers' rates:

### DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	- - - - -	Cincinnati
Kenyon, Potter & Co.	- - - - -	Syracuse, N.Y.
George A. Kelly & Co.	- - - - -	Pittsburg
Benton, Myers & Canfield,	- - - - -	Cleveland
George M. Dixon,	- - - - -	Dayton
A. Peter & Co.	- - - - -	Louisville
Morrison, Plummer & Co.	- - - - -	Chicago
Colburn, Birks & Co.	- - - - -	Peoria
George A. Eddy,	- - - - -	Leavenworth, Mo.
Godhe, Pitts & Co.	- - - - -	Salt Lake City, Utah
Reed, Williams & Co.	- - - - -	Teles
Farrand, Williams & Co.	- - - - -	Detroit, Mich.
Swift & Dodds,	- - - - -	Detroit, Mich.
Browning & Sloan,	- - - - -	Indianapolis
Wheelock, Finlay & Co.,	- - - - -	New Orleans
Strong, Cobb & Co.,	- - - - -	Cleveland
J. W. Wood & Co.,	- - - - -	Kansas City
J. Durbin,	- - - - -	Denver
Evans, Mercer & Co.,	- - - - -	Montreal

THE

312

# Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. XXXVI.

Cincinnati, June, 1876.

No. 6.

## TABLE OF CONTENTS.

### Original Communications.

XLIV.—Gangrene, Mortification. By A. J. Howe, M. D.	240
XLV.—Scarlet Fever. By W. H. M. D.	255
XLVI.—A Letter from Indianapolis. W. C. C.	256
XLVII.—Chloroform vs. Strychnia. E. C. Hallard, M. D.	258
XLVIII.—The Effects of Phytolacca Andra on the Glands. By W. H. M. D.	259
XLIX.—Tinctures made from fresh By J. U. Lloyd	260
L.—A Case. By T. D. Miller, M. D.	262
LI.—Specific Treatment for Whoop- By M. F. Dumas, M. D.	263
LII.—Veratrum Viride—Its Uses and By J. M. Edgar, M. D.	265
LIII.—Advertised Remedies. By W. M. D.	266

### Periscope.

Pontitices.	268
Method of Cleansing the Middle Ear	268

Contagia and Bacteria.	270
Prevention of Scarlatina by the Internal Administration of Disinfectants.	271
Quinine as a Gargle in Diphtheritic, and other Forms of Sore Throat.	272
Treatment of Chorea by Arsenic.	273
Chloral, an Antiseptic.	274
Syphilitic Nervous Disease.	274
Protoplasm.	275
Surgery.	275
Hemiplegia.	277
Cure of Acute Rheumatism by Salicylic Acid.	279
India-Rubber Cloth in Cutaneous Disease.	279
The Chief Causes of Coma.	280

### Editorial.

The Study of Disease.	282
Light as a Remedy.	284
A new Medical College (Eclectic ?)	289
Cayenne Pepper.	289
Centennial.	290
Sixty-fourth Commencement of the Eclectic Medical Institute.	291
Penthorum Sedoides.	294
Business in Business.	295
Notices.	296

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been used in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry

LABORATORY OF THE UNIVERSITY OF CHICAGO, F.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State A.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,  
April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JEO. Y. SHINDEL, M.D.



Gent: It may be given to you to know the alkaloid for two in my practice, and liable, and all I think for it. For children, it is a most reliable stomachic, as easily assimilated by Cincho acts like a tonic, hardly see how we long. I hope the same.

Yours, with d.

J. R. TAYLOR, M.D.

I have used your Cincho-Quinine exclusively for febrile malarial fevers.

It is as active as Sulphate, and more so, and more reliable.

D. H. CHASE, M.D.

I have used the Cincho-Quinine ever since its introduction, and I am well satisfied with it. It is in all cases in which the Sulphate is indicated, and can be given during fever with perfect safety at no time.

W. E. SCHENCK

I am using CINCHO-QUININE and find it to act as reliably as the Sulphate.

In the case of children, almost exclusively, I rely upon them more than of the time—

W. C. SCHULTZ

CINCHO-QUININE has given the best of my estimation for such cases of Quinine, and has been used over the Sulphate. C. North

Your CINCHO-QUININE with marked success every way to the Sulphate. D. MACRAE, M.D.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, receipt of twenty-five cents, or one ounce upon the receipt of one dollar and six cents paid. Special prices given for orders amounting to one hundred ounces and up.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

**BOSTON, MASS.**



REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

PHARMACY

MEDICINE

WM. R. WARNER & CO.

Manufacturing Chemists,

1228 MARKET STREET,

PHILADELPHIA.

MANUFACTURERS OF

Reliable Sugar-Coated Pills,  
Standard Fluid Extracts, Elixirs,  
Wines, Syrups, New Remedies and  
all Official Preparations.

SEND FOR PRICE-LIST.



\*\*\*\*\* Sugar Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.*

# WARNER & CO'S Phosphorus Pills.

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

**Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.**

*The Pillular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.*

*This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.*

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorous in Pillular form, prepared by WILLIAM R. WARNER & CO.**

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.**

	Price
Pil Phosphori, 1-100 gr. in each,	-
Pil Phosphori, 1-50 " "	-
Pil Phosphori, 1-25 " "	-
Pil Phosphori Comp.,	-
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	-
Pil Phosphori et Nucis Vomicae,	-
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	-
Pil Phosphori et Ferri et Nuc. Vom.	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	-
Pil Phosphori et Ferri et Quinae,	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	-
Pil Phosphori et Ferri et Nuc. Vom. et Quinae,	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	-
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	-

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER & CO.**  
Manufacturing Chemists,



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

For Official and other

Sugar Coated Pills.



## TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

Special Recipes made to Order for 3000 or more Pills.

# WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

" MESSRS. WM. R. WARNER & CO.

" MONTREAL, Dec. 2d, 1872.

Gentlemen :

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,  
*Professor Mat. Med. University of Bishops College,  
Lecturer on Chemistry, Botany and Mat. Med.  
in the Quebec College of Pharmacy, etc., etc."*

## SUGAR-COATED QUININE PILLS

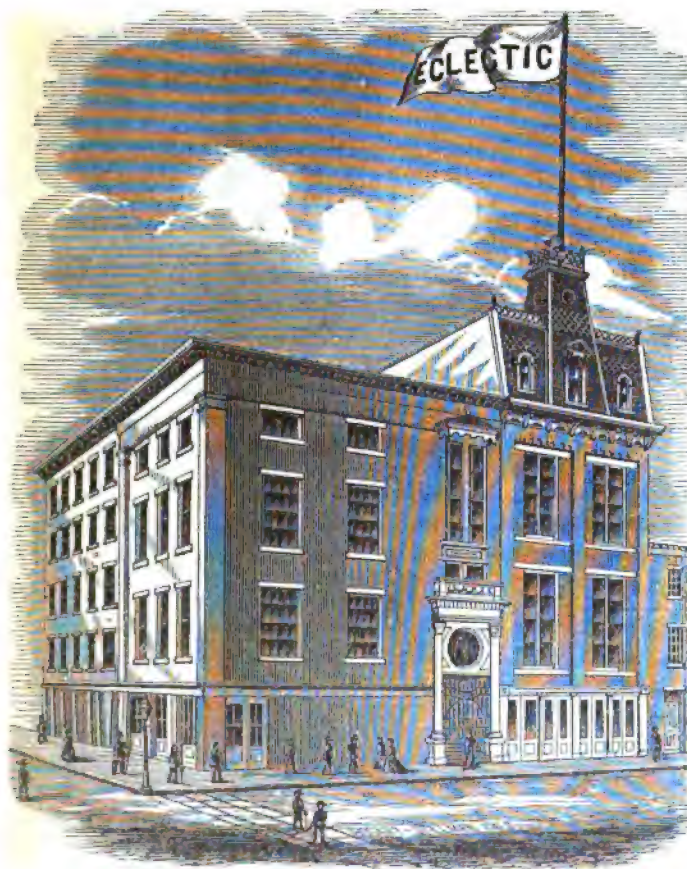
*From the St. Louis Medical and Surgical Journal,  
W. S. Edgar, M. D., Editor.*

" It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

" Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—"

" ' I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.,



THIRTY-SECOND  
ANNUAL ANNOUNCEMENT & CATALOGUE  
OF THE  
ECLECTIC MEDICAL INSTITUTE,  
*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2nd, 1876. Preliminary Lectures from Sept. 25th.  
Spring Session Commencing February 1st, 1877.

## ECLECTIC TEXT-BOOKS.

BY PROF. JOHN KING, M. D.

	PRICE.
Chronic Diseases.....	\$15 00
Diseases of Women.....	3 50
Obstetrics.....	6 50
Dispensatory.....	10 00
American Physician.....	8 00

BY PROF. JOHN M. SCUDDER, M. D.

Practice of Medicine.....	7 00
Principles of Medicine. ....	4 00
Diseases of Children.....	5 00
Therapeutics.....	3 00
Specific Medication.....	2 50
Inhalations.....	1 00
Venereal Diseases.....	5 00
Specific Diagnosis.....	2 50
Eclectic Practice for Families.....	5 00
Familiar Treatise on Medicine.....	3 00

BY PROF. A. JACKSON HOWE, M. D.

Dislocations and Fractures.....	4 00
Diseases of the Eye.....	2 50
Surgery, in the hands of the printer, will be out October 1st.....	7 00


Sent by mail, free of postage, on receipt of price.

JOHN M. SCUDDER,  
Cincinnati, Ohio.

## THIRTY-SECOND

# ANNUAL ANNOUNCEMENT.

---

 **P**N presenting the claims of this College to young men engaged in the study of medicine, the Board of Trustees and Faculty desire to call attention to a few facts in the history of Eclecticisim. We all take a just pride in this history, for it is alike creditable to those who have done the work of the past, and those who are doing the work of the present. This school was the first established to teach Eclectic medicine. Commencing at Worthington, Ohio, in 1831, regular courses of lectures, by full faculties, have been given every year but two, up to the present time. Instruction has been given to 6,383 students, and 2,018 have received from it the degree of Doctor of Medicine. There are few medical colleges in this country that can show so large a list of medical students and graduates, and none, probably, that has exerted so wide an influence upon the practice of medicine in this country.

Its Professors have been men eminent in the profession, and noted both for their skill in the practice of medicine and surgery, and their ability as teachers. The success of the institution has been due to this, for it has never had any support from the State, or endowment by the people; and has met with the continued opposition of rival schools. It is to this school, also, that we are to attribute the great success of Eclectic practitioners, without which reform in medicine would have been a failure.

Not only have the Professors of the Eclectic Medical Institute been good teachers in the College halls, but they have been diligent investiga-

tors; and the most of the discoveries and improvements in our system of medicine have come through them. Nearly the entire literature of our school of medicine is their work, and its success will testify to the ability with which it has been done.

This, then, is the record of the College. It has had permanence, and held its own through all opposition, for forty-five years. Its record has been clear, and without disgrace. Its students and graduates are found in successful business in every part of this country. And its diploma commands respect in every State of this Union.

If you will cast your eyes over the list of Professors, you will see that they now number the best known names in our profession. The majority of them have been teachers of medicine for twenty years, and have grown gray in the service. They are the authors of your text-books in every department of medicine, except anatomy, physiology and chemistry. And yet they are diligent students, and continuously engaged in experiments to make and prove the value of new discoveries,

These are pertinent matters. The student wishes to place himself where he can obtain the best knowledge of his profession—a knowledge that will enable him to practice it with success. He naturally expects that his ability will be judged, at least to some extent, by the reputation of his teachers. And finally, he should know that his diploma will have value according to the reputation of the school, and its probable duration,

The teaching in the Eclectic Medical Institute, so far as it relates to the practice of medicine, is different from that of any other school. We teach that the diagnosis of disease for the purpose of affixing a name, is not important, and can never give a rational practice. In place of this, we instruct the student in general pathology, and show him the necessity of a thorough analysis of every case, to determine real conditions of disease; and we instruct him in the best methods of making such analysis. We teach him further, that remedies are never to be prescribed at names, but always for conditions of disease; and that there is a certain relation between remedies and conditions of disease which may be known.

The teaching in all departments is most thorough. We insist that a rational practice of medicine can only be built upon the basis of well learned anatomy, physiology, chemistry, and pathology. We claim that the college course of instruction is essentially preparatory in its character, and that a good foundation should be laid in this for further study. If a student is diligent in these studies we can promise him success; but if he commences his medical building without such foundation, he will likely prove a failure.

**How to Read Medicine.**—The questions are often asked, how shall I read medicine to the best advantage? and what books shall I study? The first question is answered by saying, read in such a way as to cultivate an interest in the subject. If the mind is dull, and requires a continued influence of the will to fix it upon the subject, the reading will not be

profitable. If the mind is continually wandering away from the subject in hand to other matters, the reading will do no good. If one can pick up the work on anatomy, physiology, or other study, and have a lively interest in the subject, the facts of the book will be readily memorized. It is this interest in the living man well, and the living man sick, that we cultivate in the college.

The first reading should embrace Gray's Anatomy, Huxley's Physiology, Scudder's Principles of Medicine, and probably Specific Diagnosis. The Anatomy may be read like any other book, but with constant reference to the human body, which the student fortunately has continually with him. The Physiology is read in the same manner, with a corresponding examination of the more important functions of the living body. The student possesses a complete skeleton in his own person—a complete set of muscles, bloodvessels, nerves and viscera. A very practical study of these, both in their anatomy and physiology, can be made as the reading progresses.

The student should train his senses to observation, and wherever and whenever it is possible to know a fact through the senses, this should be done. In the practice of medicine every man must see for himself, feel for himself, and use his senses of hearing, taste and smell, for himself. We do not believe that a man is justified in taking any thing for granted, but he should obey the scriptural injunction—"Prove all things, and hold fast that which is good."

**Attendance upon Lectures.**—Our experience has proven that the earlier a student attends his first course of lectures, the more rapid his progress will be, and the more thoroughly he will master the subject. In the College he learns what to study, and how to study, and he develops an interest in the subject that he might not otherwise have. He should, if possible, be in attendance the first day of the session, and be punctual at every lecture. More is learned by the oral teaching in a single four months, than could be otherwise attained in one or two years' reading.

**A Complete Education in the College**—The common method of obtaining a professional education is by pupilage in a physician's office for two or three years, and by attendance on two courses of lectures. This is a very good plan, and gives a practical knowledge of the profession, if the office preceptor has time and ability to teach. But if the student spends his time at the village store, gossiping with the neighbors, it does not give the best results.

Many young men who have a taste for the study of medicine find that they can not procure office instruction. Many physicians do not like to be troubled with students, and others grow so rusty in the preparatory studies that they do not feel competent to teach. To accommodate these, this College provides, by a system of *scholarships*, for a complete education by continuous attendance upon lectures. Thus the student may

attend three, four, or more courses of lectures, at but a trifle addition to the cost of the two sessions. Some of the most thorough students we have ever had, and the most successful practitioners, have obtained their education in this way.

If a student attends his first course of lectures in this way, and then thinks he would like office instruction, it is always easy to get him a position. Indeed we think physicians will find it to their interest to send their students to lectures early, as by this means they obtain skilled help in the office, and find it much more pleasant to teach, as the student finds it easier to learn.

**Facilities for Study.**—The College Buildings are the most complete in the West, being built especially for this institution. The halls are large, well seated with chairs in the main hall, and amphitheater for anatomy and surgery, with modern heating and ventilating apparatus. The dissecting room will accommodate sixteen classes at once, and is so lighted that all dissections may be made at night.

All the usual material for instruction is furnished in abundance, and our arrangements for anatomical material are such that we have a good and certain supply.

**Incorporation.**—It will be recollected that this College is incorporated by special act of the Legislature, and is to all intents and purposes a State institution. The State designates the studies to be pursued, the method of examinations for degrees, and specifies the qualifications necessary. That there may be no wrong in the management of the institution, it is placed under the supervision of the courts, who may take control of it whenever the public interests may demand it. The charter is perpetual.

**The Course of Study.**—This College adopts the old method of instruction by courses of lectures, embracing the seven departments of Anatomy, Physiology, Chemistry, Surgery, Materia Medica, Obstetrics, and Pathology and Practice of Medicine. Each course of lectures is complete in itself, and embraces the entire range of studies, and both junior and senior students attend the same lectures. Whilst it might seem that a graded course would be better, experience has shown that repeatedly going over the same field makes the best practical physician.

**Hospital Facilities.**—Our students attend the Cincinnati Hospital on the same terms as those from the other Medical Colleges; the material for instruction is ample, and the lectures good.

The Cincinnati Hospital is conceded to be one of the largest and best appointed in the United States, giving room for 1500 beds.

**Time of Commencing Lectures.**—The regular session will commence on Monday the 2d of October, 1876, and will continue 16 weeks.

There will be daily preliminary lectures from the 25th of September, at which time the demonstrator's department will be open. The Spring session will commence February 1st, one week after the close of the winter session.

**Expenses.**—The Fees, including Matriculation, Tuition, and Demonstrator's Ticket, will be \$70. Graduation \$25. *The fees are cash in all cases.* Board can be had at from \$4.00 to \$5.00 per week.

A CERTIFICATE OF SCHOLARSHIP is issued by the College for \$125, entitling the holder to attend as many courses of lectures as he wishes previous to graduation.

**Requisites for Graduation.**—The candidate must be twenty one years old; must possess a good moral character; must have read medicine three years, and have attended two courses of lectures, one of which must have been in this institution; or he must have attended three courses with intermediate reading, or he must have practiced four years, and have attended one course of lectures.

No Diplomas are issued except on actual attendance and examination; the Corporation grants no degrees in *honorarium* or *ad eundem*.

**Certificate of Study.**—The Faculty require a certificate of the time of reading, from a preceptor or other reputable person. This is filed when the student matriculates, and will be preserved with the records.

**Text-Books.**—CHEMISTRY—Atfield, Fowne. MATERIA MEDICA—Scudder, King's American Dispensatory. PHYSIOLOGY—Draper, Carpenter, Huxley. THEORY AND PRACTICE—Scudder, Jones, King. SURGERY—Erichsen, Howe, Gross. ANATOMY.—Gray, Wilson. OBSTETRICS.—King, Scudder.

**Boarding.**—We take especial pains to select boarding in private houses, where our students will have the comforts of a home, and at the same time have quiet rooms to pursue their studies. To accommodate those of limited means, the Treasurer provides rooms where students may board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this course, would do well to write two or three weeks in advance, and bring with them a sufficient quantity of bed covering.

**Information.**—Students arriving by Railroad, will do well to take the omnibus ticket, and have their baggage taken immediately to the College building, corner of Court and Plum streets, where they will get all necessary information in regard to boarding, etc. Letters to students should be addressed to "care of Eclectic Medical Institute, Court and Plum streets." But money packages by express, and letters containing valuables, should be to the care of John M. Scudder; thus preventing

trouble in identification, and danger of loss. The Treasurer of the Institute will also receive the money of students on deposit, and pay it to them as they may need it during the session. The attention of the student is especially called to this paragraph, as it may save him much trouble, if not actual loss.

The Office of the College is at 228 Court Street, in the College Building, where students will report on arrival and procure their tickets.

For further information, address—

JOHN M. SCUDDER, M. D.,

Box 146, Cincinnati.

## STUDENTS.

## MATRICULANTS OF WINTER SESSION, 1875-6.

NAMES.	PRECEPTORS.	RESIDENCE.
Chas. M. Morrill,	Dr. J. L. Morrill,	Illinois.
Howard B. Lyons,	Dr. T. V. Lyons,	Ohio.
Chas. R. Bacon,	Dr. E. Catsell,	Minnesota.
Martin L. Smiley,	E. M. Institute,	Kentucky.
John F. McKinney,	Dr. A. McKinney,	Ohio.
William Mitchell,	Dr. J. M. McElhinney,	Ohio.
Milo J. Gilkerson,	Dr. A. S. Stewart,	Nebraska.
Chauncey S. Marsh,	Dr. E. J. Marsh,	New York.
Irvin F. Matlock,	Dr. U. N. Malette,	Indiana.
Geo. M. Dayton,	Dr. J. Ferris,	Ohio.
Leroy V. Tosh,	Dr. O. E. Tillson,	Ohio.
Geo. W. Pilkington,	Dr. J. M. Scudder,	Illinois.
Andrew Sayler,	Dr. A. J. Sayler,	Indiana.
Lafayette J. Poe,	Dr. J. H. Day,	Ohio.
Dudley B. Day,	Dr. A. M. Clark,	Pennsylvania.
Adelbert D. Tilden,	Dr. D. D. Gist,	Ohio.
John H. Story,	Drs. Lang & Long,	Illinois.
Jonas D. Johnson,	Dr. G. A. Grove,	Ohio.
Joseph D. Edgar,	Dr. W. T. Gemmill,	Ohio.
Nelson F. Wetmore,	Dr. N. U. St. John,	New York.
Thomas R. Austen,	Dr. H. Warren,	Iowa.
Charles N. Potts,	Dr. W. Prince,	Ohio.
Chas. H. Cunningham	Dr. S. Hyde,	Ohio.
John J. Fisher,	Dr. S. B. Fisher,	Indiana.
John Graham,	E. M. Institute	Ireland.
Miles A. Kirk,	Dr. E. I. Kirk,	Pennsylvania.
William T. Gott,	Dr. W. Hill,	Indiana.
Clarence H. Smith,	"	Indiana.
Frank A. Klieves,	Dr. G. W. John,	West Virginia
William F. Wescott,	Dr. J. C. Coleman,	Ohio.
Jacob Bridinger,	Dr. J. Grove,	Ohio.
William P. Madden,	Dr. Laybourn,	Ohio.
Albert J. Marsten,	Drs. Perrins & Miles,	Massachusetts

NAMES.	PRECEPTORS.	RESIDENCE.
Jesse E. Bartoo,	Dr. R. P. Crandell,	New York,
Thos. J. Stringfield,	Dr. E. N. Wilson,	Nebraska.
J. S. Buck,	Practitioner,	Mississippi.
L. P. Ulrich,	Practitioner,	Arkansas.
Martin L. Finch,	Dr. Walsh,	Minnesota.
Jas. L. Hopkinson,	Practitioner,	Louisiana.
Benj. P. Jacobson,	Dr. Haskett,	S. Carolina.
O. R. Matteson,	Graduate,	Nevada.
Jas. R. Wineberger,	Dr. Masters,	Colorado.
John S. Stien,	Practitioner,	Missouri.
James Harden,	Dr. Smathers,	Georgia.
John Smith,	Graduate,	Alabama.
Earnest L. Siggins,	Dr. J. C. Phillips,	Pennsylvania.
Edwin S. Moore,	Drs. Gunn & Stowe,	New York.
Henry Bates,	E. M. Institute,	Nebraska.
Edwin P. Whitford,	Dr. H. P. Whitford,	New York.
R. L. Galbreath,	Dr. G. D. Coe,	Missouri.
William E. Wooddell,	Dr. J. D. Timmerman,	Ohio.
William J. Bybee,	E. M. Institute,	Missouri.
Ira F. Cameron,	Dr. W. H. Hopkins,	Iowa.
Ransom B. Collier,	Dr. D. M. Keith,	Ohio.
Caleb R. Ritter,	Dr. O. Thwing,	Indiana.
Leonidas W. Trisler,	Dr. I. H. Day,	Ohio.
Alfred J. Whipple	Dr. H. Learned,	New York.
Asa S. Brecount,	Dr. W. S. Cox,	Ohio.
Clarence H. Wright,	"	Ohio.
Hiram Suits,	Dr. T. J. Lord,	Indiana.
Charles R. Jones,	Dr. E. P. Jones,	Indiana.
John C. Walker,	E. M. Institute,	Ohio.
Reuben B. Keeran,	Dr. J. H. Watson,	Ohio.
George W. Martin,	Dr. A. H. Parson,	Ohio.
Frank Winters,	Dr. D. Aker,	Pennsylvania.
John H. Reynolds,	Dr. H. F. Wildasin,	Ohio.
William L. Rukenbrod,	Dr. J. H. Smith,	Illinois.
Otto G. Cranston,	Dr. J. C. Butcher,	Ohio.
Alexander M. McCreary,	Dr. I. Brothers,	Ohio.
Cyrus L. Spencer,	Dr. W. Nason,	Pennsylvania.
David T. Skinner,	Dr. L. D. Hall,	Indiana.
John W. Heffley,	Dr. W. Hill,	Indiana.
Benj. W. Hollenbeck,	Dr. G. M. Dakin,	Indiana.
Owen R. Williams,	E. M. Institute,	Ohio.
Charles T. Moorman,	Dr. M. F. Moorman,	Ohio.
James M. Gailey,	Practitioner,	Missouri.
Francis R. Stiers,	Dr. S. Monahan,	Ohio.

NAMES.	PRECEPTORS.	RESIDENCE.
Jas. E. Walker,	Dr. A. V. Watkins,	New York.
Francis M. Corya,	Dr. P. W. Corya,	Indiana.
Lloyd G. Brown,	Dr. J. L. Kirkpatrick,	Ohio.
Andrew J. OBannon,	Dr. A. J. OBannon, Sen.	Kentucky.
David C. Rowland,	Practitioner,	Minnesota.
Charles O. Lewis,	Dr D. B. McKee,	Kansas.
William H. Pye,	Dr. M. G. Falconbury,	Indiana.
Arthur Knight,	Dr. H. B. Whitford,	New York.
John Q. Armitage,	E. M. Institute,	Ohio.
D. Morgan McDonald,	Dr. T. M. Curran,	Pennsylvania.
Thomas Shepherd,	Dr. C. M. England,	Kentucky.
George M. O'Hara,	Dr. John O'Hara.	Illinois.
Christian W. Hansen,	Dr. J. H. Bundy,	California.
Charles C. Wainright,	E. M. Institute,	Ohio.
Thomas D. Miller,	Dr. A. S. Stewart,,	Nebraska.
Isaac S. Vanausdal,	Dr. O. E. Tillson,	Ohio.
Matthew H. Sheldon,	Dr. J. Myers,	Ohio.
Enos Huckins,	E. M. Institute,	N. Hampshire.
Thomas W. Evans,	Dr. W. T. Evans,	Ohio.
Samuel H. Sensing,	Dr. J. W. Allen,	Tennessee.
John D. Ridings,	Dr. S. Cooper,	Ohio.
William B. Crose,	Dr. M. S. Canfield,	Indiana.
Stephen P. Medaris,	Practitioner,	Indiana.
David D. Borger,	Practitioner,	Indiana.
Francis M. Richardson.	Dr. R. Utter,	Illinois.
Francis M. Steward,	Dr. L. W. Craig,	Illinois.
Charles H. Doss,	Practitioner,	Illinois.
James E. Inskeep,	Dr. M. S. Canfield,	Indiana.
George A. Hurst,	Dr. F. G. Spencer,	Ohio.
James Black,	Dr. J. Spencer,	Maryland.
Oscar Dunlap,	Dr. S. Sprague,	S. Carolina.
William R. Hirsch,	Practitioner,	Indian Ter'y.
John Wymer,	Prrotitioner,	Utah.
William Bluchley,	Dr. Spooner.	Mississippi.
Isaac Bogart,	Dr. Isaacs,	Minnesota.
O. R. Schwab,	Dr. N. P. Johns,	Indiana,
Haskell Everts,	Graduate,	Missouri.
John Openhymmer,	Practitioner,	Kentucky.

Total, 116.

## MATRICULANTS OF SPRING SESSION, 1876.

NAMES.	PRECEPTORS.	RESIDENCE.
Chauncey S. Marsh. -	Dr. E. J. Marsh. -	New York.
George A. Hurst. - -	Dr. F. G. Spencer. - -	Ohio.
John M. Stephens. -	Dr. T. D. Furgeson. -	Illinois.
William Phillips. - -	Dr. T. H. Griffith. - -	Ohio.
Hollis J. Foster. - -	Dr. E. Allen. - -	Illinois.
Jesse E. Bartoo. - -	Dr. R. P. Crandall. - -	New York.
Eben Blanchard. - -	Dr. K. Clymer. - -	Illinois.
William B. Crose. - -	Dr. M. S. Canfield. - -	Indiana.
Michael Worline. - -	Practitioner. - -	Ohio.
John Graham. - - -	E. M. Institute. - -	Ireland.
Joseph D. Edgar. - -	Dr. W. T. Gemmell. -	Ohio.
Reuben Keeran. - -	Dr. J. H. Watkins. -	Ohio.
E. Lee Palmer. - -	E. M. Institute. - -	Illinois.
Milo J. Gilkerson. -	Dr. A. S. Stewart. -	Nebraska.
D. Morgan McDonald. -	Dr. W. T. Gemmell. -	Pennsylvania.
Andrew H. Hazlett. -	Dr. A. C. Moon. - -	Iowa.
William E. Wooddell. -	Dr. J. D. Timmerman. -	Ohio.
Howard B. Lyons. -	Dr. T. V. Lyons. - -	Ohio.
Charles W. Tidball. -	Dr. J. M. Scudder. -	Ohio.
Charles C. Wainwright. -	E. M. Institute. - -	Ohio.
Christian W. Hansen. -	Dr. J. H. Bundy. - -	California.
James E. Walker. -	Dr. A. V. Watkins. -	New York.
Nelson F. Wetmore. -	Dr. N. N. St John. -	New York.
Heman W. Dickinson. -	Practitioner. - -	Michigan.
Ernest L. Siggins. -	Dr. C. J. Phillips. -	Pennsylvania.
Albert J. Marston. -	Drs. Miles & Perrins. -	Massachusetts
Robert L. Galbreath. -	Dr. G. D. Coe. - -	Missouri.
James S. Whitely. - -	Dr. A. W. Porter. -	Indiana.
Jasper N. Sims. - -	"	Indiana.
Richard L. Jenkins. -	E. M. Institute. -	Indiana.
Robert D. Homsher. -	Dr. R. Homsher. - -	Ohio.
Lyman Watkins. - -	Dr. J. Watkins. - -	Ohio.
Lloyd G. Brown. - -	Dr. J. L. Kirkpatrick. -	Ohio.
Matthew H. Sheldon. -	Dr. J. Myers. - -	Ohio.
Lafayette J. Poe. -	Dr. J. H. Day. - -	Kentucky.
Elwood Anderson. - -	Dr. H. W. Taylor. -	Indiana.
James E. Inskeep. -	Dr. M. S. Canfield. -	Indiana.
John Harvey. - -	Dr. E. P. Jones. -	Indiana.
Cyrus P. Lenhart. -	Dr. J. J. Lenhart. -	Pennsylvania.
Martin L. Smiley. -	E. M. Institute. -	Kentucky.
Benjamin W. Hollenbeck.	Dr. G. M. Dakin. -	Indiana.

NAMES.	PRECEPTORS.	RESIDENCE.
Allen P. Banfield.	Dr. A. Prichard.	Kentucky.
William E. Kinnett.	Dr. W. A. Shriver.	Illinois.
Jesse L. Worley.	Dr. A. Worley.	Ohio.
George M. Dayton.	Dr. J. Ferris.	Ohio.
Frank E. Brigham.	Dr. H. H. Brigham.	Massachusetts
Leroy V. Tosh.	Dr. O. E. Tillson.	Ohio.
Samuel K. Poling.	Dr. J. Watson.	Indiana.
Frank E. Palmer.	Dr. G. W. Noble.	Ohio.
John J. Burton.	Drs. Shultz & Shultz.	Indiana.
James C. Andrews.	Graduate.	Wash. Ter.
Charles F. Wright.	Dr. C. E. Heaton.	New York.
Daniel E. Anderson.	Dr. J. M. Tobias.	Indiana.
Orolando A. Hall.	Dr. H. E. Hendryx.	Iowa.
Lewis D. Coy.	Dr. W. M. Caldwell.	Ohio.
Owen R. Williams.	E. M. Institute.	Ohio.
Abraham W. Porter.	Practitioner.	Indiana.
Clarence H. Wright.	Dr. W. S. Cox.	Ohio.
William H. Pye.	Dr. M. G. Falconbury.	Indiana.
Robert R. Mosely.	Dr. J. H. Murphy.	Kentucky.
Benjamin T. Hall.	Dr. S. J. Mathers.	Kentucky.
George W. Hyde.	Practitioner.	Illinois.
Edwin Green.	Dr. Jos. Parsons.	Ohio.
Charles R. Jones.	Dr. E. P. Jones.	Indiana.
John H. Adair.	E. M. Institute.	Ohio.
John Tascher.	Dr. L. W. Critser.	Illinois.
Henry P. Sharp.	Dr. J. J. Sharp.	New York.
Henry Snyder.	Dr. Willey.	Pennsylvania.
Francis M. Stewart.	Dr. L. W. Craig.	Illinois.
Francis M. Richardson.	Dr. R. Utter.	Illinois.
George W. Martin.	Dr. E. H. Parson.	Ohio.
C. W. Morrow.	Practitioner.	Ohio.

Total, 72.

## GRADUATES OF WINTER SESSION, 1875-6.

NAMES.	SUBJECTS OF THESES.
JOHN Q. ARMITAGE,	The Nervous System.
HENRY BATES,	Gun-Shot Wounds.
DAVID D. BORGER,	Neuralgia.
JACOB BRIDINGER,	Prognosis.
ASA S. BRECOUNT,	Dysentery.
CHARLES H. CUNNINGHAM,	Malaria.
IRA F. CAMERON,	The Doctor—Regular and Reform.
OTTO G. CRANSTON,	Our Eclectic Professors.
CHARLES H. DOSS,	Malaria.
THOMAS W. EVANS,	Vertigo.
JOHN J. FISHER,	Puerperal Fever.
JOHN W. HEFFLEY,	The Physician, and what should be some of his qualities.
ARTHUR KNIGHT,	True Eclectics.
EDWIN S. MOORE,	Antiseptic treatment of Wounds.
ALEXANDER M. McCREARY,	Tumors and their Treatment.
JOHN F. McKINNEY,	Hysteria.
CHARLES T. MOORMAN,	Rational Use of Medicine.
CHARLES M. MORRILL,	Dysentery.
WILLIAM P. MADDEN,	Hemorrhages.
IRVIN F. MATLOCK,	Apoplexy.
ANDREW J. O'BANNON, Jr.	How to Read Medicine.
CHARLES N. POTTS,	Duties of a Physician.
GEORGE W. PILKINGTON,	Intermittent Fever.
DAVID C. ROWLAND,	The True Physician.
JOHN H. REYNOLDS,	Pneumonia.
CYRUS L. SPENCER,	Scarlatina.
DAVID T. SKINNER,	Darkness and Light.
THOMAS J. STRINGFIELD,	Pneumonia.
ADELBERT D. TILDEN,	Diphtheria.
LEONIDAS W. TRISLER,	Modern Medicine.
ALFRED A. WHIPPLE,	The Nervous System and its Physio- logical Functions.
ISAAC SIDNEY VANAUSDAL,	Phthisis.

Total, 32.

## GRADUATES OF SPRING SESSION, 1876.

NAMES.	SUBJECTS OF THESES.
FRANK E. BRIGHAM, - -	Variola.
JOHN J. BURTON, - -	Diagnosis.
ALLEN P. BANFIELD, -	Physiology the Basis of the Practice of Medicine.
JESSE E. BARTOO, - -	Medical Jurisprudence.
LEWIS D. COY, - -	Veratrum Viride.
WILLIAM B. CROSE, - -	Circulation of the Blood.
HEMAN W. DICKINSON, -	Leucorrhœa.
GEORGE M. DAYTON, -	Scrofula.
MILO J. GILKERSON, -	Gun-Shot Wounds.
ROBERT L. GALBREATH, -	Dyspepsia.
ORLANDO A. HALL, -	Hydrophobia.
BENJAMIN T. HALL, - -	Amputation and Treatment.
CHRISTIAN W. HANSEN, -	Erysipelas.
GEORGE W. HYDE, -	Onanism.
ANDREW H. HAZLETT, -	Physical Forces in the Process of Nutrition.
CHARLES R. JONES, -	Influence of the Mind on the Body.
WILLIAM E. KINNETT, -	Education.
D. MORGAN McDONALD, -	Erysipelas.
ALBERT J. MARSTON, -	Anæsthetics.
CHAUNCEY S. MARSH, -	Pyæmia.
GEORGE W. MARTIN, -	Scrofula.
LAFAYETTE J. POE, - -	Circulation.
SAMUEL K. POLING, -	Typhoid Fever.
WILLIAM H. PYE, - -	The Selection of Remedies.
ABRAHAM W. PORTER, -	Pneumonia.
FRANCIS M. RICHARDSON, -	Methomania.
FRANCIS M. STEWART, -	Man.
HENRY P. SHARP, - -	Fistula in Ano.
MATTHEW H. SHELDON, -	Variola.
LEROY V. TOSH, - -	Expressions.
WILLIAM E. WOODDELL, -	That Little Cell.
CHARLES C. WAINWRIGHT, -	The Integument.
OWEN R. WILLIAMS, -	Rabies.
NELSON FRANK WETMORE, -	Opium.
CLARENCE H. WRIGHT, -	Chloroform.
JAMES E. WALKER, -	Spermatorrhœa.

Total, 36.

# BOARD OF TRUSTEES.

---

WILLIAM S. MERRELL, A. M., PRESIDENT.

WM. H. STEWART, VICE PRESIDENT.

T. C. THORP, SECRETARY.

JOHN M. SCUDDER, TREASURER.

JOSEPH KING.

D. W. McCARTHY.

JOHN KING.

T. L. A. GREVE.

Z. FREEMAN.

A. J. HOWE.

DANIEL STICKNEY.

GEORGE CLARK.

## FACULTY.

JOHN KING, M. D.

*Professor of Obstetrics and Diseases of Women.*

F. J. LOCKE, M. D.

*Professor of Materia Medica and Therapeutics.*

JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine.*

A. J. HOWE, M. D.

*Professor of Surgery.*

EDWIN FREEMAN, M. D.

*Professor of Anatomy.*

Z. FREEMAN, M. D.

*Professor of Clinical Medicine and Surgery.*

J. A. JEANCON, M. D.

*Professor of Chemistry and Physiology.*

W. M. INGALLS, M. D.

*Adjunct Professor of the Practice of Medicine.*

THOMAS C. HANNAH, M. D.

*Demonstrator of Anatomy.*

T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

JUNE, 1876.

No. 6.

---

## ORIGINAL COMMUNICATIONS.

**Art. XLIV.—Gangrene—Mortification.** By PROF. A. J. HOWE,  
M. D., Cincinnati, Ohio.

When a part of the organism dies rapidly through the influence of disease or injury, the dying process is called gangrene or mortification, both terms meaning about the same. If a part be thoroughly dead, it is mortified; and while the change is taking place the structures immediately involved are in a state of gangrene. A finger or toe which is turning black, cold, senseless, and lifeless, may be declared gangrenous, as if the term signified *incipient* mortification; and later stages, indicative of sphacelus, represent complete mortification.

While an ulcerative action is going on, minute particles of flesh are lost by death and disintegration—mortification is actually taking place, but no slough or mortified part is perceptible. Gangrene and mortification, then, are terms used to denote a rapidly dying process, which proves exceedingly destructive, or even fatal, if not quickly arrested.

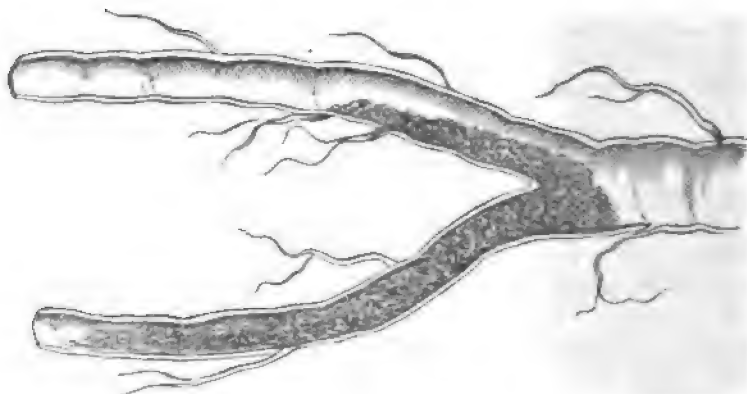
Molecular disintegration and sloughing may go on without producing much constitutional disturbance, the patient being able to attend to his usual avocation, but as soon as gangrene sets in the pulse rapidly sinks, a cold sweat appears, the strength fails, and the countenance assumes an expression which betokens physical disaster.

Gangrene generally arises from arrest of circulation in a part; a knuckle of strangulated intestine becomes gangrenous through constriction which interferes with the circulation; a broken arm often takes on gangrene through the compression of a bandage which impedes the circulation; a leg may mortify because the main arteries of the limb have been bruised, lacerated, or obstructed; and a part of the organism which has been severely burnt or frosted, may have had the circulation blocked to an extent that gangrene results. Embolism, or the plugging of a vessel with a clot of fibrine, and thrombosis resulting from the lodgment of a coagulum

of blood, or an obstruction arising from deposits of atheromatous material, may produce mortification. Senile gangrene, so called on account of its appearing oftenest in advanced life, is a common sequence of embolism or thrombosis.

The disease and injury of important nerves, and nerve centres, may be followed by ulceration, sloughing, and even gangrene. Paralysis, and injuries of the spinal cord, are not unfrequently succeeded by sloughing bed-sores, and gangrene of the lower extremities.

The nerves exert an important influence over the circulation of the blood. Disease of the ophthalmic branch of the trigeminal nerve may be attended with ulceration and sloughing of the cornea. A severe injury of the large nerves of a limb may so decidedly interfere with the circulation that gangrene ensues. Nerve influence is necessary to functional activity.



Embolism or plugging of the popliteal artery at its bifurcation.

Defective nutrition is known to be followed by mortification, as illustrated in those who feed upon "spurred rye" and black wheat. The parts of the body first affected in those who live upon ergot, or blasted wheat, and unsound corn, are the feet and legs. The disease commences in the lower extremities and manifests itself by the legs and feet becoming insensible, cold, dry, withered, and shrunken. In this form it is called dry gangrene, as distinguished from the moist variety which follows injuries, and in which there is an abundance of humidity.

*Traumatic gangrene* is that kind of local death which springs from wounds or injuries; *senile gangrene*, as already stated, comes from calcification of the arteries, atheroma, and thrombosis; *hospital gangrene* is peculiar to soldiers, prisoners, and inmates of eleemosynary institutions.

In private practice a case of what is called hospital gangrene is occasionally met. The disease arises from unwholesome surroundings, therefore it need not require a literal "hospital" for its production. Bad food, cold and damp apartments, foul odors, lack of cleanliness, and despondency, are provocatives of the morbid state; and all these conditions may be found in the tenement houses, barracks, and inhabited cellars of a large city. The disease is highly contagious and, to a certain extent, infectious. All fibrous textiles once contaminated, do not readily part with the con-

tagious property, hence cloths once used upon a patient laboring under the disease, should not be employed about another patient having a wound of any kind, though the fabrics be thoroughly washed and ironed. The offensive odor arising from hospital gangrene penetrates to adjoining rooms, and infects the wounds of quite robust patients. Even females recently delivered are subject to the infectious influence, if not domiciled in quarters remote from the dense effluvia.

When the virus of hospital gangrene invades the wounds and ulcers of debilitated and typhoidal patients, the secretion of laudable pus is arrested, and a thin, sanious fluid is substituted. The borders of the infected sore become livid to quite a distance around, and grayish spots appear in the discolored areola. Inflammation exists, but the morbid process is very destructive. Large sloughs form, and in an astonishingly brief period the patient is reduced to a moribund condition. Hospital gangrene seems to be closely related to phagedenic erysipelas, malignant diphtheria, and other forms of putrid morbid action.

The appearance of a limb affected with traumatic gangrene is marked and unmistakable. If the morbid state be in the arm, the fingers are swollen to their utmost, and the knuckles seem puffy; vesicles of putrescent serum are abundant, and there is an escape of putrefactive odors, so that a person coming near or entering the room where the patient is, will detect the character of the morbid state by the sense of smell. No pulse can be felt, the limb is cold, and through the pallid cuticle the lived discoloration of parts beneath can be plainly seen. Where the gangrene ceases the healthy parts exhibit inflammatory activity, and sometimes reveal a red or pink boundary which has been called "the line of demarkation."

The treatment of traumatic gangrene consists in removing the cause as far as practicable, and supporting the patient with nourishment and stimulants. If a tight dressing has provoked the disease, all constriction and compression is to be laid aside, and the gangrenous part is to be wetted with dilute carbolic acid. A covering of lint or cotton-wool is serviceable in preserving an equable temperature. Although the part has a livid hue, and vesicles of offensive serum are abundant, there may be a suspension of animation, and resuscitation is possible. At any rate, it is rarely necessary to resort to amputation, when that extreme measure is contemplated, until it be certain that the affected part is devitalized beyond a reasonable hope of recovery. In some instances it may require a day or two to determine whether the gangrene be superficial or deep, and just where its limits may be. When the dying process is progressive, and will probably extend to a joint, say the elbow or shoulder, if the hand and forearm be invaded, an amputation may stay further progress of the disease. In performing the amputation it is not always judicious to wait for the line of demarkation to form; nor is it generally advisable to attempt to remove all parts which exhibit discoloration. I once amputated the arm of a boy at the elbow, and saved all above, though a livid discoloration extended over the entire pectoralis major muscle. I think mortification would have reached the shoulder joint if the amputation had not been timely performed, as the dying process exhibited a disposition to spread rapidly. While a

student of medicine I watched a similar case of traumatic gangrene while the surgeon waited for the line of demarkation to form. At length the line did show itself, but an expert surgeon who was invited to do the amputation, refused to operate on the ground that the vital depression exhibited by the patient did not warrant an operation. However, the patient survived a voluntary separation of the arm at the shoulder joint, and recovered; and the stump was more shapely than if fashioned with the knife.

When the line of demarkation forms, the vital processes have begun a voluntary amputation; and if let alone, will complete the separation, the bones becoming disarticulated at the nearest joint. And to use the knife is merely to hasten what nature has prominently in view.

A finger may become gangrenous, and lose most of its soft tissues by sloughing, yet take on a new fleshy covering through the agency of granulations. However, if it be probable that the work of repair will be imperfect, leaving the digit deformed and useless, an amputation at a point where the stump will not be troublesome, is justifiable. If the insertion of the point of a slender knife inflict no pain, and start no blood, the evidence of mortification is reliable.

A foot which becomes gangrenous after being crushed, burnt, or frozen, generally has to be amputated, though there need not be undue haste in the performance of the operation. It is commonly safe to wait until the line of demarkation exhibits itself; however, if a disposition of the disease to extend up the leg show itself, it should be promptly followed by amputation through tissues which have vitality left in them.

In the management of gangrene the topical use of carbolic acid has been extolled; and the agent is not without valuable properties. It corrects the fœtor, and tends to arrest decomposition. But no agent can be expected to restore life to a part actually dead. Poultices should not be employed unless made of substances which correct the fœtor, as charcoal is said to do. Stimulating applications, as tinctures of myrrh and kindred agents, may be employed with the expectation of their doing more good than harm.

A solution of salicylic acid and borax is excellent to correct fœtor, and to prevent putrefaction. In humid gangrene salicylic acid should be sprinkled upon all parts that are moist, and upon partially detached sloughs.

The internal treatment consists of nourishment, bitter tonics, alcoholic stimulants, mineral acid, and opium or chloral. The food should be



Gangrene from frost bite.

adapted to the case; in the event of thirst and nausea nothing would be more agreeable and refreshing than ice-cream; fruit jellies made into cordials by mixing them with water, are well received; beef-tea and animal broths are often to be commended; champagne and even still wines are not to be neglected when mild stimulants are required; states of great depression are to be fought against with liberal supplies of whiskey. Quinia, iron, and mineral acid, in combination, or used separately, will sustain the flagging vital powers, and neutralize animal poisons which may have been absorbed. Great pain is to be subdued by the judicious use of anodynes.

Hospital gangrene is to be managed by getting the patient into an uncontaminated atmosphere, and by the free administration of whiskey; also, by the local use of escharotics. A patient afflicted with hospital gangrene will not do well except ventilation be free and the air pure. Barrack-hospitals are no longer in good repute, but an approach to tent-life is being substituted for the old fashioned castles of pestilence.

A gangrenous sore of the infectious or "hospital" variety should be wetted, syringed, or injected with a strong solution of carbolic acid, or an escharotic solution of chloride of zinc. If the latter be used two drachms of chloride of zinc should be put into four ounces of water, a few drops muriatic acid being employed in the mixture to make it clear. This solution is to be applied to the wound or slough with a swab two or three times a day.

A drachm of bromine dissolved in four ounces of water makes a valuable application for gangrenous sores of all kinds. The agent was first employed by Dr. Goldsmith in the late war; and it proved more efficient in averting gangrene, and in arresting its progress, than any remedy before in use. It is an excellent disinfectant and deodorizer. A solution of permanganate of potash has proved efficient in arresting the progress of gangrene, so has a dilute tincture of iodine, and the oil of turpentine. Nitric acid has proved an agent of value in the treatment of gangrene, though none of the topical applications mentioned are so decidedly beneficial as a solution of bromine.

The treatment of gangræna senilis is not generally attended with satisfactory results. The disease commonly begins in a toe, a black slough forming very slowly, and extending gradually to the foot and leg. This process of mortification may be arrested by the application of a strong solution of sulphate of zinc, carbolic acid, or bromine, yet the cause depending upon ossification or obturation of the arteries, little benefit may be expected from any kind of treatment. The pain attending the progress of the dying process is usually severe, and must be allayed by the hypodermic use of morphia, and the internal employment of large and frequently repeated doses of chloral hydrate. The inexperienced may be



Hospital gangrene.

tempted to amputate at some distance above the gangrenous parts, yet a case is rarely saved by the operative procedure. If an amputation is performed it should take place through the calf of the leg or the thigh, where the arteries may be free of ossification and atheromatous deposits.

Senile gangrene rarely is arrested by a line of demarkation, but this disease gradually extends up the limb, to the trunk, when the patient rapidly sinks and dies. While traumatic and hospital gangrene hurry a victim out of the world in a few days, the subject of the senile variety of the disease may live for months. One case that came under my observation had the disease arrested by the influence of sulphate of zinc, so that a year of moderately good health was enjoyed. Then a dark, purple spot appeared an inch above the original slough, and in a few days a bad smelling ulcer formed, which spread to adjoining toes and to the middle of the foot. An amputation was performed at the middle of the leg, but the patient never reacted, and died in two days after the operation. While the amputation undoubtedly hastened the fatal issue, it gave the patient the only hope of a renewed lease of life. The dying process was spreading rapidly, and would have terminated disastrously in a week or two at farthest.

I once amputated both feet in a case of what seemed to be senile gangrene, the disease having invaded all the toes, and to a short distance towards the instep. The patient, a woman, was about sixty years of age, and was otherwise in good health; and no cause could be assigned for the disease. It was of the dry variety, the parts attacked becoming desiccated and shriveled as fast as the mortification progressed. An unpleasant odor arose from the mummified toes, yet it was not so offensive as that coming from humid gangrene. The living flesh near that which was wholly mortified, appeared purple, congested, and unhealthy, yet a marked discoloration did not extend more than an inch above the dead line. Chopart's amputation was performed, and the wounds healed in a few weeks without evidence of gangrenous interference. If the patient had been scorbutic, or had fed upon unsound wheat or rye, I might have had a case of dry gangrene coming from unhealthy food, but there was no assignable cause except that of advanced life. The patient had some cardiac disease, yet not seemingly of a character or quality to be attended with gangrene of the extremities.

Elderly persons who are on the point of having senile gangrene, may cut or cauterize a corn, and then have mortification set in directly at or near the spot; and they may ascribe all the trouble to the simple operation. But every experienced practitioner knows that the local irritation produced by the cutting or cauterization was only the exciting cause and not the real origin of the disease. However, the application of Nitric acid, lunar caustic, and other well known corn escharotics, may provoke a grade of inflammation which may result in a slough, and actual mortification. Frost-bites in the feet of the aged are frequently followed by gangrene, and fatal termination, while the young and the robust may suffer a worse freeze, and escape mortification.

**Art. XLV. — W. H. Davis, M. D. on Scarlet Fever.** Reported by C. H. MITCHELL, Springfield, Ills.

March 3.—Eddie, son of Mr. P. W. Harts, druggist, of this city. Call at 10 P. M. Patient has been unwell for two days; tongue has a red, shiny appearance, with a white, tallow coating; tonsils swollen, and both parotid glands somewhat enlarged; slight deposit of a light, gray color on both tonsils; considerable discharge of mucus from the mouth and throat. On the lower extremities, back and chest, can be seen in great abundance a fine, red, carmine rash; pulse full, bounding, and one hundred and twenty per minute. Inclines to sleep. We diagnose the case "scarlet fever." We give: R Tinct. Veratrum, gtt. vi.; water, ℥iv. To be alternated every hour with: R Tinct. Belladonna, gtt. vi.; Sulphite of Soda, grs. xxx.; water, ℥iv.; in teaspoonful doses.

Externally common lard, one ounce; fluid extract belladonna, gtt. x.; mix well, and with this anoint the body thoroughly every three hours. The patient has everything to make him comfortable. A kind mother sees to his every want. He is given water slightly acidulated with sulphuric acid, and sweetened to suit his taste. The room is regulated at a temperature of sixty degrees of heat.

March 4.—If possible, the patient is more thoroughly sick than yesterday. The throat is more swollen, with a slight determination of blood to the head, with wakefulness and restlessness. We add ten drops of the tincture of gelsemium to the mixture of veratrum, and instead of the belladonna we give tincture of the green root of phytolacca in five-drop doses every two hours. Other directions the same. It is found on examination that his brother is taken with the same disease. Symptoms similar to the one under treatment. We prescribe the same for him that we did for the younger boy.

March 5.—Case first is found to-day with symptoms somewhat relieved. The heat and fever are something less than on yesterday. The anointing is still continued, and internally we give to-day: Veratrum, gtt. vi.; water, ℥iv.; sulphite of soda, ʒss.; one teaspoonful every hour. The swelling of the glands is easily controlled with phytolacca, and no trouble from this source is feared.

March 6.—Case second is very sick to-day. The throat is more swollen; complains of being dizzy on rising up; pulse 130, sharp, short stroke. It is not possible for the skin to be more scarlet. The heat of the system marks 104 degrees. A light gray deposit of membrane covers each tonsil. The whole system seems to tremble under the violence of the disease. Patient complains of pains in joints. A slight swelling is seen under the eyes. Is very restless. R Tinct. veratrum, gtt. xii.; Tinct. belladonna, gtt. v.; Tinct. phytolacca, gtt. xx.; Sulphite of soda, ʒss.; water, ℥iv.; mix. Teaspoonful to be given every hour. Lard and belladonna to be applied to the skin every three hours, and the patient to drink pretty freely of sulphuric acid largely diluted in water sweetened to suit the taste.

March 7.—Case first is rapidly getting better. Medicine still continued every two hours. Case second passed a hard night, but by a faithful giving of the medicine is this morning turning a little better. The eruption

begins to fade. Pulse 116, with less force. The throat looks better now. Medicine continued the same as yesterday.

March 8.—Case first is doing so well that further medicine is deemed unnecessary. Case second is considerably better. The eruption is fast disappearing. Pulse 104. Tongue has a white, shiny coating; it also has red body and base. Throat is still much swollen, and very sore and painful. We discontinue the sulphite of soda, and give: *R* Tinct. veratrum, gtt. viii.; Tinct. gelseminum, gtt. x.; Tinct. phytolacca, gtt. xx.; water,  $\text{℥iv.}$ ; one teaspoonful to be given every hour, and continue the sulphuric acid, and as a gargle for the throat, use pulverized gum myrrh and hydrastis, of each twenty grains, to make one teacupful of tea, and use as a gargle every three hours.

March 9.—Pulse 100; tongue not quite so red on tip and edges; glands on right side still swollen, so as to partially close the throat. Has pain in both ears on swallowing medicine or in using gargle. Most of the redness has left the skin except about the neck. He asked for something to eat while I was in this morning. His mother says he moans while sleeping, and wakes with a little hacking cough, and spits a little stringy mucus from the mouth. Give this morning four grains of sulphate of quinine, to be given in two-grain doses every two hours, and to be repeated on to-morrow morning, if no fever arises. And leave in the glass tincture of aconite root, four drops; Tincture of belladonna, one drop; water, four ounces. Dose, a teaspoonful every hour, also muriatic acid to be given instead of sulphuric acid. The gargle of myrrh and hydrastis to be used as yesterday. We leave the case, however, with a firm conviction that scarlet fever, like other skin diseases, must have a certain time in which to spend its force, and when done, will naturally get better of its own accord. Notwithstanding this conclusion, we can relieve the worst symptoms; prevent a septic condition of the blood; moisten the dry and burning skin, and lessen the rapid circulation. This in many constitutions will save life.

March 10.—Patient still improving; pulse about normal; tongue not quite so red on tip and edges, and cleaning on centre; throat not quite so much swollen, but quite a heavy deposit on the tonsil. The pain is much less in the ears on swallowing. Medicine continued.

March 12.—Swelling of the gland growing less. Appetite returning. General condition improving. Patient complains of pain in the joints of the fingers and feet, though nothing more than what is general in these diseases, and we prescribe the following: Tinct. black cohosh root, one drachm; iodide of potassium, grs. xxx.; simple syrup,  $\text{℥iv.}$  Mix, and take a teaspoonful every three hours.

March 14.—Patient doing finely. Prospects of soon being out again. We think no further attention required by the "Medicine Man."

---

*Art. XLVI.—A Letter from Indianapolis.* By W. C. C.

PROF. J. M. SCUDDER:—I have presumed that a letter from this point might not be uninteresting to some of your readers. True, I have nothing curdling or astounding to communicate, such as the successful liga-

tion of the aorta, or a new feature in pulsatilla version, still I hope to transcend the epistolary gradient of vapidty.

As to the status of Eclecticism here. It is not particularly encouraging. In this teeming, throbbing metropolis of Hoosierdom, where the snort of the "ferrie equinus" shivers the welkin perennially; where real-estate enhances fungoidly; where commercial enterprise is centipedal, and where the social, literary and æsthetical elements float in the cloud-strata of civilization—in this "concentric" marvel of the near West, Eclecticism is rather a wilted institution. Indianapolis is to be pitied on this account. There is something monstrous in the spectacle of an otherwise promising municipality struggling under the curse of lack-liberal medicine. But, after all, it is not so much the fault of the citizens. Through the inscrutable machinations of unkind Fate, this city has been apportioned a few Eclectics who are weak, very weak. There are only five or six of us left, and excepting one or two, our united essences would not out-fit one creditable physician. What we need here is two or three strong, representative Eclectics—men whose education will enforce respect, and whose individual potencies will bear down opposition.

Opposition! what a screaming absurdity this medical proscription is anyhow. What a yelping paradox in the fact that differing individuals will agree to the unlimited mutuality of their medical ignorance, and still advocate orthodoxy in medicine. It is as if two men should cut each other socially, because one would not accept the other's theory as to the locality and extent of Hades. However, such sectarian humbuggery does exist, and the lines are rigidly drawn in Indianapolis. It is pleasingly notable that the catholicity of learning has so far bridged the creedio chasm, with an honored few, as to render them socially approachable to "heretics." This would seem to foreshadow a final dissipation of sectarianism, and a coalition of differing schools. The remedy for medical ostracism lies with the dominant school, and will consist in the abolition of proscriptive ethics. There can be no doubt that light, specific, dangerless medication is *ethically* liberalizing; and furthermore, the cyclone of Eclectic and Homœopathic reformation is so all-involving that Allopathy will be sucked into it *nolens volens*. It will only remain then for Eclecticism to absorb the other little pathies and isms, when millennial harmony will enwrap the universe.

Dr. Brown, of the *Review*, is in failing health. In fact he is almost prostrated from repeated pulmonary hemorrhages. As a consequence, that spicy little journal is moribund, and unless some enterprising man comes to the rescue, it will surely die.

With all its pugnacity, and personal journalism, the *Review* was much liked by many readers, and its outlook at the period of its recent suspension was most encouraging. Dr. Brown, to whom the little journal was the light of life, has shrunk away from the scenes of men "like a wounded thing," and is never seen on the streets any more. The doctor is singularly sensitive and refined in his nature, and a long series of calamities culminating in the probable death of his heart's idol, the *Review*, seem to have utterly crushed him. May there be hidden, somewhere in the depths of the unknown, a balm, fully equal in its efficacy to his broken spirit's great emergencies.

Dr. Rideway, an Eclectic, and a kind, good man, died last week. He was the victim of consumption, and though a physician himself, who had diagnosed the disease many thousand times, died mercifully cheated of a knowledge of his own malady. Whether true of other diseases or not, phthisis seems endowed with as pronounced a moral as physical character. Dickens, to whom all knowledge seemed intuitive, indulged in a touching moralism on this strange, beautiful feature of consumption; and he gave to the world an immortal illustration of it, in the character of the persecuted, faithful, tenderly dreamful, dying Smike.

Drs. Prunk and Reed of this place have renounced Eclecticism, and espoused Allopathy. They attended a course of lectures in the College of Physicians and Surgeons and graduated, and are now "regularly" recognized. Whether their defection has a mercenary origin, or is a result of "conviction," may be a question.

It is a doctrine of Catholicism that baptism washes the soul out as white as virgin snow. No matter what manner of life the sinner's may have been; no matter how black and numerous his moral antecedents, if he avail himself of this rite, his past is instantly converted into a sheen of righteousness as spotless as celestial light. Constantine believed in this dogma, and with consummate shrewdness, deferred his baptism to the eve of his eventful, and not sinless life.

It has appeared to me that the world of medicine furnishes a parallel case. The privileged School—Allopathy—offers a baptismal refuge to all Esculapian dabblers, even as Catholicism does to the secular world. The cowardly or scheming Eclectic or Homœopath has only to attend a course of lectures in some "Regular" School, graduate and join the Association, when lo! he belongs to a privileged class. Once through, he can aspire to official position, can snub his former associates and do pretty much as he demnition pleases.

We can not blame Allopathy for this. If it can suck back an occasional laggard of the vanguard, all the better for the vanguard. But what I can not understand, is how a man who has once tasted the sweets of liberal medicine, can, even for "regular" emoluments, lapse into ethical angularity and drug ancientism. I can understand the reformation of "regulars" who become Eclectics or Homœopaths, but the apostasy of medical reformers passes my comprehension. The only reasonable hypothesis in the premises is that the apostates were never true reformers, and therefore had no sacrifices to make.

---

**Art. XLVII.—*Chloroform vs. Strychnia.* By E. C. BALLARD, M. D., Decatur, Ind.**

On April 3d, I was called in great haste to attend Miss Grumm, a young lady of about eighteen, who had taken five grains of strychnia for the purpose of committing suicide. She took the poison about 11 o'clock A. M., and having eaten no breakfast, her stomach was in a most favorable condition for rapid absorption. In about three minutes, not more than five at most, she was thrown into most violent convulsions, and when I arrived some ten minutes later, I found her lying on her back

perfectly rigid, resting on the back of her head and heels, face livid, pupils dilated, and with that peculiar agonized expression of countenance so characteristic of strychnia poisoning.

I immediately forced an emetic between her teeth and succeeded in getting her to swallow it, but it did not operate, and also gave a hypodermic injection of from three fourths of a grain to a grain of morphia. Having sent for chloral and chloroform, and Dr. Schrock to assist me, upon his arrival we attempted to give chloral, but only succeeded in getting a small portion down on account of the rigidity of the jaws. We then began giving chloroform by inhalation, and kept her under its influence for eight hours, when she began to vomit, and appeared to be out of danger. She had but one spasm after beginning the inhalation, and that was in consequence of a momentary discontinuance.

Taking into consideration the large dose of strychnia taken (five grains,) the early appearance and great violence of the convulsions, and the failure to get an emetic down, this case affords a striking illustration of the powerful antidotal influence of chloroform. The morphia probably contributed somewhat to the successful issue, but I am satisfied that without the chloroform the case would have terminated fatally in a very few minutes. I should rely upon it in a similar case with great confidence, and would suggest that it is probably safer to resort to it at once in case of strychnia poisoning than to trust to other reputed antidotes whose action is not so rapid.

---

*Art. XLVIII. — On the Effects of Phytolacca Decandra on the Glands.* By W. H. DAVIS, M. D., Springfield, Ills.

The action of poke root on the system has been but slightly studied and not well understood. We are well aware that our Dispensatory tells of the medicinal properties of this herb. Yet we are inclined to think that under the directions of the Dispensatory, only the poisonous effects of it are obtained. We have not been able up to this time (1872) to test the medicine in anything save the action on the glands, although we have used it as we were directed in the Dispensatory. I have myself advised its use for the cure of skin diseases in the Eclectic Medical Journal in 1866. But I believe now its properties have since been much better understood. For the past few years I have used it in all diseases of the glands. In tumors of mammary glands, of the parotid and other glands; in enlargement whether acute or chronic. In goitre it is one of the best remedies we have; proving a specific in its action on the morbid glands; being a sure and certain cure of that beauty-destroying malady. In acute or chronic enlargement of the glands of the neck it proves most effectual in reducing them to their natural condition. In painful tumors of the breast I have cured not a few; and have come to the conclusion that many of those diseases that some physicians call cancers of the breast can be effectually prevented by *phytolacca decandra*. I will, to more fully illustrate its action on the system, cite two or three cases showing the direction and force of its action.

Was called to Mrs. H., of Berlin in this County, who had been for some

months suffering pain in the left breast. Says a small hard tumor was felt at the base of the gland for about three months, which of late began to grow quite rapidly, and is now about the size of a large hen's egg. It has been so painful that the patient is unable to sleep without being constantly disturbed with the sharp darts of pain. She has just weaned her fourth child. Her attending physician tells her she has a cancer. My treatment is as follows: R Saturated tincture of *phytolacca decandra*, ℥iii. Dose, five drops every three hours. After one week the tumor began to disappear. In three weeks no signs of it were to be felt. Medicine was continued four weeks, when we pronounced the patient well.

SECOND CASE.—Mrs. C. of Springfield, aged 46 years. Has not menstruated for three years. Health very good, except a painful tumor occupying about one-third of the right breast. It seems to be fast to the ribs. Has a hard, knotty appearance. Has grown quite rapidly since its first appearance some four months since. Treatment same as in the former case. Giving the medicine every three hours for five weeks. At the end of this time disease had totally disappeared. Medicine continued for three weeks longer, and then discontinued, the patient being well, and rejoices that a cancer has been cured.

Willie J., who now resides in Elgin. Case treated in this city in 1872. The case was one of more than ordinary interest, being diseased for a number of months, having been developed from an attack of the measles. The tonsils were somewhat enlarged, the patient being troubled with a continuous hacking cough. The conglomerate glands were in a state of disease, beginning at the parotid and including the submaxillary, sublingual glands, affecting the adjacent organs, raising the floor of the mouth, and producing quite a swelling below the chin, being characterized by a hardness and having a feeling of permanency. Commenced the treatment by giving tincture of *phytolacca* in four-drop doses every three hours. The first week there was no perceptible improvement, but at the end of ten days quite an improvement was visible, and in three weeks no signs of any disease or swelling remained. Medicine continued a week longer, and cure completed. These are some of the cases we have treated with this medicine. We will give more at a future period.

Within the last year or two I have had good opportunities to study its use in diphtheria, and have been convinced that it acts with more certainty than any other remedy. And especially its rapid influence on the enlarged glands in this disease. And in the destruction of the false membrane there is no remedy I would exchange for it.

---

**Art. XLIX. — *Tinctures made from Fresh Herbs.*** By J. U. LORD, Cincinnati, Ohio.

It is well known that a large amount of the weight of every fresh herb is water. Water is inert and worthless, and water in a tincture can not possibly be of benefit therapeutically considered. If we take a pound of any fresh herb and dry it, the residue will only weigh a few ounces. The loss is mainly water. In consequence of this fact, some people imagine that the tincture from a pound of green herb only represents the strength

of a few ounces of the same herb when dried ; that the medicinal strength of our pharmaceutical is in proportion to the solid material of the drug from which it is prepared. For example, if sixteen ounces of dry peppermint represent forty-eight ounces of green, a tincture of sixteen ounces of green peppermint in reality represents only five and one-third ounces of dry herb. In other words, they believe we do not make allowances for the free water of the plant, but weigh it and consequently tincture the water.

Being well aware of the fact that all plants contain a large amount of free water, I am not disposed to dispute with any one who advances the idea that an extract or tincture, if made from the recent herb, contains a considerable portion of water. However, I will take issue when they say that the medicinal principles of our herbs are relatively in proportion to the solid and unvolatile materials. My experiments have taught me that when practicable, it is best to dissipate the water by drying the herbs at a low temperature ; I have also learned that in many cases sufficient exposure to evaporate the water will destroy the medicinal principles of the plant.

According to the theory that the evaporation of the water by drying an herb increases the medicinal strength of the residual substance, it would follow that one pound of any dry plant should represent about three pounds of the green. This is not the case. On the contrary, if any one will take three pounds of dry pennyroyal, peppermint, catnip, smart-weed, or any other herb of this class, and prepare a fluid extract, each pound of which contains the soluble principles of three pounds of the crude material, he will find when he compares it with an extract made from the fresh herb in the proportion of one pound to the pint, that the latter preparation is strongest. Instead of getting stronger by evaporation, the residue has become almost inert, as the extract demonstrates. The Indian turnip—*arum triphyllum*—is one of our most violently irritating vegetable substances, if, while fresh, it is brought into contact with the tongue ; but it can be eaten almost with impunity after it is dry. The act of drying has destroyed its peculiarity as an irritant, and when in this state, hundreds of pounds will not in this respect represent the strength of one pound of the green, water included.

The explanation of this fact is very simple. All of the herbs above mentioned and many others depend for their medicinal activities upon volatile principles, and any exposure that is sufficient to evaporate the water will also dissipate these substances. Sometimes they are volatilized even easier than water ; consequently we can not dry them without destroying their activities to a great extent. Other plants are indebted to fixed organic principles for their therapeutical values ; this latter class increases in strength by drying.

Let me apply a simile from familiar chemical agents. Water boils at 212° Fahr. Sulphuric acid will not evaporate at that temperature. Acetic acid volatilizes at a lower temperature. If we mix water with sulphuric acid and apply a heat of 212°, vapor of water will arise uncontaminated with that of sulphuric acid. The mixture in the vessel will decrease in volume as the water evaporates, while the proportional acid strength will

increase. Finally, the water will be almost entirely dissipated without injuring the medicinal or chemical properties of the sulphuric acid.

On the other hand, if we mix water with acetic acid and apply heat, or expose to the atmosphere, evaporation of the acid will begin first, and continue rapidly until finally, instead of the water being dissipated, it will be found that water only remains in the vessel; the acid has disappeared. Circumstances alter cases. We must cut our coat to suit our cloth. A rule that is invariable when applied to bodies that are volatile only at very high temperatures, will not apply to such as are vaporized at low temperatures. The principles that impart the therapeutical properties to our plants are true chemical compounds, as much so as sulphuric and acetic acids are, and in their chemical and physical relations, the components of different plants disagree as widely as do those of the above-named substances. Some are very easily volatilized, some are so unstable as to render it impossible for man to separate them from their natural relations to the plant without decomposing them, and others can not possibly be retained even for a few hours by any means yet discovered. The flower of a cactus grandiflorus — night-blooming cereus — will load the atmosphere for yards around with its rich perfume, and yet when I have seen them plucked in the height of their beauty and sweetness, and immediately immersed in inodorous alcohol, after a few hours the last trace of perfume had vanished, the flower, apparently unchanged, remained under the alcohol; but the delicate, organic chemical, the "sweet spirit," we may say, of that most beautiful of flowers, had vanished. The blossom itself, born in the evening, would have withered before the rise of the morning sun, if left to follow the course of nature; and yet the alcohol preserved it for a time, and will preserve it indefinitely; the odoriferous principle was too delicate for the preservative power even of alcohol.

The pomegranate is a native of Asia; its bark is gathered in the tropics, and dried under the burning heat of a tropical sun. Before reaching this country, it must be exposed to the vicissitudes of a long sea-voyage; perhaps lying for weeks in the damp hold of some slow sailing vessel, and yet, after all, I find it usually reliable, and to extract its medical properties, a boiling temperature for two or three hours is required. I will take this opportunity to advise any one desiring to administer a decoction of pomegranate bark for tapeworm, to boil the bark in the water for a period of at least two hours.

I have written enough to illustrate the point I desire to make in regard to green and dry roots, herbs, etc. We must make our tinctures as necessity may require from that which is the most suitable; there can be no invariable rule. If a plant is found to lose its medicinal virtues by drying, that plant must be tinctured fresh, even though we do weigh the free water; for most assuredly, if it will destroy the medicinal virtues of a plant to get rid of the water, we will accept the plant, water and all.

---

*Art. L.—A Case.* By T. D. MILLER, M. D., Farlinville, Kansas.

DR. J. M. SCUDDER—On March 5th, I was called to see Mrs. G., a young married lady, some 18 or 19 years of age, that had for twelve months been suffering from prolapsus uteri, with cold extremities, incontinence

of urine, severe pain on voiding urine, a gradual loss of appetite, strength and flesh. I ascertained from the patient sufficient evidence that by the excessive brutal and unsolicited sexual indulgence of her husband, her disease was principally caused, and by the poor and cruel medical treatment given her by our so-called regular practice, by the constant application of pessaries, uterine supporters, and every imaginable "trap" that could be devised by their drug dealer and themselves, because druggists generally like such opportunities to make their large profits—by all these and others her disease was prolonged. I found the patient wearing a uterine supporter she had worn two weeks without washing it or reapplying, and it was with difficulty to myself and great pain to the lady that I succeeded in removing it. After the removal a dark, fetid, vaginal discharge passed from the vagina, causing the patient much pain from irritation of the parts. Her former instructions were a constant dorsal attitude, which she had faithfully obeyed for twelve months, not being allowed nor able to sit up or walk. Her treatment consisted of vaginal injections of plumbi acetat, argentum nit., with above named articles of support. I at once ordered a dismissal for a time at least of her brutal companion, and gave for the anæmic condition, cold extremities, loss of capillary action, deficient oxidation of the blood, etc: R Cod liver oil, Oj. S. Teaspoonful three times a day. R Glycerine, ℥iv.; Tinct. ferri chlor., ʒj. M. S. Teaspoonful three times per day; with soft surgeon's sponge frequently saturated with a solution of salicylic acid inserted far up in the vagina, with orders for moderate exercise, good diet, and a sufficient quantity of nature's tonic, pure oxygen. At my present writing my patient sits up a greater portion of the day, good appetite, good capillary circulation, no fetid vaginal discharge, uterus in a normal position, and she is improving rapidly. This is but one of the many hundreds of living monuments of quackery in our Western country.

---

**Art. LI.—Specific Treatment for Whooping Cough.** By M. F. DUMAS, M. D., Judsonia, White Co. Ark.

Whooping cough ordinarily is not considered very dangerous, yet its ravages, when raging epidemically, (as it is in this section at the present time), have been frightful, and often the destruction of life great, often by complication, or by diseases consequent upon its attack. The Allopathic and the old Eclectic schools of medicine have never been able to shorten its course, and up to the present time, merely endeavor to palliate its paroxysms, and often fail in this. I hold that whooping cough can be arrested in its progress, and the danger averted which attends its presence in the system, for laying the foundation to other fatal diseases.

Whooping cough commences with symptoms which do not reveal its true character. The person shows signs of a heavy cold, sneezes, with watery, heavy eyes, runs at the nose, and has an irritating, painful cough, often with severe febrile symptoms, and quick respiration. When a person is thus attacked during the prevalence of an epidemic of whooping cough, we may be assured that we have a case of whooping cough. This catarrhal stage lasts from three to ten days, during which time no whoop is

heard. Sometimes during this stage we meet with congestion of various organs, as the lungs and head.

The spasmodic stage commences after the catarrhal and febrile symptoms have disappeared, and is known by the peculiar sound of the cough. The disease is very contagious, and the only prophylactic I know of is small doses of sulphur.

**TREATMENT.**—Prof. Scudder, in the *E. M. Journal* for February, gives us a good treatment, as far as it goes, but is too short. During the first stage, the special sedatives are used as indicated. If the cough is dry and whistling, with fever, give Aconite; if dull and drowsy, belladonna must be alternated with the aconite. In many cases the fever returns, simulating remittent fever. In all such, I give quinine during the remission.

Cough loose and moist, with copious expectoration of a thin mucus, with hoarseness, tincture of dulcamara should be alternated with above, or follow them. If vomiting of mucus or food, slimy diarrhoea and loose cough, pulsatilla. Dry cough, with great anguish, strangling, bluish face, worse after midnight, with vomiting, epistaxis, ipecac and nux in alternation.

During the same period, if rattling in the lungs, short breathing, great debility, drowsiness, with thirst, retching and diarrhoea, lobelia and phosphorus in alternation.

During the first signs of whooping, particularly if cough is worse in the evening, sore throat when swallowing, pain in head and chest, carbo. veg. and dulcamara in alternation.

Violet color of tongue, tickling sensation in throat, cough worse at night in bed, nitric acid.

Convulsive form, bromide of ammonium and gelseminum.

Watery eyes, sneezing, catarrhal spasmodic cough, vomiting of food and mucus, without or with fever, characterized by chilliness, heat with thirst, hot perspiration during the night, drosers and asclepias in alternation.

If the child picks at nose constantly, with sudden pains, or griping in bowels, or itching at the anus, stiff during a cough, followed by a gurgling descending from throat to stomach, give an occasional dose of santonine, or cina.

If convulsions appear instead of cough, patient rigid and unconscious, acetic tincture copper.

If the child pines away, watery diarrhoea of lightest color, give iodide potass. I have raised children with this remedy, when it was almost useless, apparently, to give any remedy. *R* Iod. potass., grs. v. to x.; water, fʒiv. *M.* Dose, one teaspoonful.

If we will pay attention to all the pathological symptoms as they arise, and not doctor the name (whooping cough), we can save many lives, a great deal of suffering and uneasiness, and cut short the disease. I have often relieved all the symptoms in from five to eight days.

*Art. LII.—Veratrum Viride—Its Uses and Abuses.* By J. M. EDGAR, M. D.

I notice in the December number of the E. M. Journal for 1875, an editorial article on "Impairment of Blood from the administration of Quinine." This brings to mind a little of my own experience, and the report of several cases by Dr. E. G. Fowler in the New Jersey E. M. and Surgical Journal of August, 1875, with the above heading.

The uses of *Veratrum Viride* I shall not refer to; but there are some fearful abuses that should put every one on the *qui vive*, and cause close observation in the administration of the sedatives. Dr. F. says it is abused whenever it is given in conjunction with any of the general tonics, particularly with the bitter tonics, wormwood, boneset, cherry, cinchona bark; but most particularly with quinine. It is generally known to be a deadly poison of itself, and when given with some other remedies, it becomes forefold so. And I have no doubt that many have actually died from the mal-administration of *Veratrum* in connection with other remedies, who would have lived and gotten well under treatment. He says he has read nothing upon the subject, and consequently his opinion is founded upon his own observation, and gives cases to illustrate. CASE I. was a case of supposed typhoid fever, treated by another physician, who prescribed fluid extract veratrum, quinine in powders, to be taken alternately every two hours, sank, and died next day, (depression). CASE II. *Veratrum* as an emetic, quinine and brandy as tonic, died quick. CASE III.—Same treatment, same fatal result. Others were noted, but suffice it to say that the doctor lays it down as a rule "to never give veratrum viride with any other medicine." So say I. "It is medicine enough of itself, and needs no assistance (for the time) for any purpose for which it ought to be given" (a veratrum case?) For myself, I feel confident that I never have used Quinine in conjunction with the sedatives without doing more harm than good, and have not used quinine for several years (in my small practice) for the cure of fever, intermittent or remittent. My cases get well quicker and better without quinine (and purgatives too), with the proper sedative, in small doses. Your articles on Specific Medication have helped me here. After the use of the proper sedative, and to increase innervation, etc., quinine in true quinine cases will do very well. Dr. F. mentions only veratrum; but I am satisfied that there are also many cases where quinine and aconite together are equally objectionable and dangerous. Quinine with gelseminum has never produced any bad effects, but as I always use gelseminum specifically it has generally done good in the cases treated; but I should not like to use gelseminum and quinine where there was hyperæmia or determination of blood, though in such cases the gelseminum might counteract the effects of quinine to some extent. But if I were to give quinine in conjunction with aconite, I should watch the case closely. Is there not, or might there not be an incompatibility here between sedatives and quinine and bitter tonics, etc.? I have come to the conclusion that there is, at least in very many cases. I am not sufficiently versed in the physiological effects of the drugs to give any good reason more than a small experience with them. All these bad cases may come from want of a specific diagnosis?

Now as to the two cases you report as blood poisoning from quinine, veratrum and bryonia were used as preparatory in one, and aconite and bryonia in the other, followed in both cases by quinine, probably before the system was clear of the sedative. True there was a peculiar fever, but was quinine contraindicated, or was it incompatible with the sedatives? The foregoing report of cases is worth inquiring into. Observation may elicit the fact that the depressant effect of the sedatives is increased fold by being administered with quinine and the bitter tonics, as stated by Dr. Fowler. I have a good many questions to ask you, and have never troubled you before. I will ask but one thing. Will you, or some one of the Faculty answer Br. G. J. Wilson, M. D., Carthage, Texas, E. M. Journal, (1875), p. 265, about black jaundice, swamp yellow fever, swamp fever, so called? He has given full and complete symptomatology. It occurs sometimes in my locality, when the river overflows in Summer. I have seen no reply to the article.

---

**Art. LIII.—Advertised Remedies.** By W. M. INGALLS, M. D., Amelia, Ohio.

In the May issue of the Journal it has been observed that the editor accuses me of misrepresenting "over 5000 reputable physicians in legitimate practice." If that be the construction put upon my words and my meaning, I hasten to beg pardon for the "insult that will not be kindly borne."

In order that there shall be no future misunderstanding upon this subject, I purpose to say just what I did mean. I purposed to call attention to the fact, as it seemed to me, and I expected to tread on tender corns, that more Eclectics were betrayed into the questionable habit of advertising wares and of lending their names and forms to the support of "proprietary" and other remedies, secret or otherwise, than was essentially necessary for the reputation of our profession. Can this be successfully denied?

I did mean that all new remedies never pan out in the end what we might expect from their first airing.

I did not mean to say that Dr. True was not an honest medical gentleman, and that his word was to be taken at a discount; nor was the article written to disparage his ambition in the way of experimentation of individual drug action—for his Tincture of Rhus tox. is genuine, and I presume his other tinctures are reliable; but I fail to see why they should be any better than those of an experienced pharmacist, manufactured from the same quality of drugs. But what struck me with such force, in looking over his list of remedies, was that he would supply the profession with "Ailanthus trees at \$1 each," when they are the most undesirable species of vegetable growth one would desire, from the fact of the sickening fragrance sent forth during their period of bloom. I said, buy his tincture, and I say so still.

I don't think this will insult any one, not even Dr. True.

I said that a report of cases, treated with the advertised drug, showed a hand to business—yet I also said, I do not make the charge that the reports are entirely selfish—but when you take up the journals, and find

the authors have the remedies on sale, it looked very strong in the direction of an advertising dodge, and would be taken as a sign and weighed as such. Does this insult an educated Eclectic physician?

We will take the drug advertised by Dr. Pruitt, Uvedalia. He says, "For the cure of white swelling, enlarged spleen, tonsil glands, sore throat, liver, sprains, cuts, bruises, felons, spinal irritation, weak back, piles, scrofula, chronic sore eyes, neuralgia, caked breasts of lying-in women, skin diseases, etc."

Now this looks to me—I don't know how it may look to the "5000 reputable physicians in legitimate practice"—like one of old Dr. Jacob Townsend's advertisements in regard to the curative influence of his Sarsaparilla in the olden time.

This looks again to me very much like shot-gun practice. I do not say that the drug Uvedalia is not a valuable remedy; but an intelligent Eclectic physician will look with suspicion upon the article, because it cures too much—not *specific* enough.

The Ailanthus is no new remedy, for as long ago as 1868, Dr. P. P. Wells, of Brooklyn, N. Y., called attention to the valuable action of the remedy in malignant scarlatina, etc.

I repeat, we are getting down to hard pan as it regards efficient therapeutic agents, and I don't purpose "to sit down and find fault," as I am accused of doing by the editor—but while I am alive to the subject of valuable additions which are constantly being made by members of our profession to our *Materia Medica*, I am not to be deceived by over-estimates made by those who introduce new remedies, or new applications for old ones, from the simple fact, I have been a witness to the spasmodic elevation of and airing, and final panning out of a great number of remedies that were to be "cure-alls."

While I would urge constant attention of the fraternity in the direction of new means for the relief of the afflicted, I would also guard the zealous manifestations of those who come forth with flaming hand bills, or represent wonderful cures following the administration of new remedies. Such literature requires an analysis, as to the diseases treated, with close specification of therapeutic effects, and is not to be swallowed down as easily as a patient would dispose of sugar pellets; and whenever a remedy comes to us as a "cure-all," it should at once beget suspicion, whether it be an advertised remedy or not.

It was my intention not to misrepresent any one, yet there is no use of attempting to deny our shortcomings.

While Eclectic physicians, not as a whole, but in part, lend their influence to visionary projects, no sensible man would have the hardihood to charge the Eclectic medical profession, as a whole, of being guilty of such an offence.

We have had an immense amount of unprofessional transactions in and around Philadelphia in bogus diploma selling and cancer cures; there are men claiming to be Eclectics, endorsers of quackish literature; men who issue flaming handbills of cures performed; yet it would be "an insult not kindly borne" were such sins laid at the door of the Eclectic medical profession as a whole.

I am proud to think so many high toned physicians are to be found in our ranks, and would like to be assured that Eclectics generally are ready to frown on quackery in every form—and no man can consistently become insulted because our weaknesses are mentioned in a spirit intended to reform.

It is through such means the profession is to be benefited, and he who contributes his mite in this direction aids a reform designed to present an honorable professional standing which will advance the cause of Eclecticism.

---

## PERISCOPE.

### *Bacteria Poultrices.*

These are not precisely the sort of applications which, in our present state of opinion on the best sort of surgical dressings, we should wish to apply to open wounds. Nevertheless, M. Nepveu, on passing a glass across the surface of a linseed-poultice, and of some fresh linseed ready for poultice from the hospital pot, found it swarming with "coccos, micro-coccos, diplococcos, and streptococcos; with bacteria, micro-bacteria, and meso-bacteria." The patients' wounds seemed to heal under them very satisfactorily all the same. M. Nepveu draws from this a series of conclusions, one of which very naturally is "that bacteria are not in themselves poisonous, as Leplat and Jaillard (1864), Onimus (1873), Billroth (1870), and Richardson (1867), have described them to be."—*British Medical Journal*.

---

### *Easy Method of Cleansing the Middle Ear of Infants.* By MARTIN F. COOMES, M. D.

One of the first difficulties which I had to contend with in practice was that of cleansing the middle ear of infants. The syringe affords a very imperfect means, as is well known by every one, and the use of the Eustachian catheter is, as a rule, interdicted in infants and children under five or six years of age. I may safely say that Eustachian catheterization can not be practiced on such young persons successfully without the use of an anæsthetic. The demand for cleanliness in a case of suppurative inflammation of the drum-cavity is so imperative as to call for the removal of all morbid secretions at least once in twenty-four hours, and in some instances more frequently than this. The Valsalvian method is not applicable to this class of patients, since its execution depends entirely upon their own efforts; and their comprehensive powers not being sufficient to enable them to understand what is necessary on their part, this method of inflation becomes impossible; and moreover, it is not every one who can inflate their ears by Valsalvia's method, though they make ever so perfect an effort. The plan of placing one end of a piece of rubber tubing in the nose and blowing in the other with the mouth, allowing the child to swallow at will, is not satisfactory by any means, as it is impossible to keep a constant current of air passing into the naso-pharyngeal

and buccal cavities ; and furthermore, the child will not swallow in every instance, an act which is necessary to inflate the middle ear of infants in almost all cases, although not considered so by many prominent authorities.

I tried Politzer's method, which consists in placing the nozzle of an air-bag in the meatus of the nose on one side, closing the meatus on the other side with the thumb and index finger of the left hand, and at the same time retaining the nozzle in position ; the patient having previously filled the mouth with water, is told to swallow, and just at the moment the act of deglutition is performed the air-bag must be forcibly compressed by the surgeon ; the mouths of the Eustachian tubes being opened by the act of swallowing, the air at once enters the tympanic cavity, and the ear is inflated ; or if the tympanic membrane is perforated, the current of air passes on through, carrying pus or mucus with it, if any such secretions be present. Politzer says that the act of deglutition in infants and children of tender age is unnecessary at the time the air-bag is compressed to permit the passage of air into the tympanum, for the reason that the mouths of the Eustachian tubes are open or more distensible in this class of patients. In infants I have not met with the success that some have claimed for this operation ; and I am not the only one who has had the same misfortune. My experience is that the operation in this class of patients is a failure as a rule ; but there are exceptions to this just as in all other general rules.

Vontroeltch, in his treatise on the Ear, (page 242), says, " In small children very often, if not always, the compressed air passes from the nasal cavities into the ear without this assistance," (meaning the act of deglutition). From his language it is evident that he has failed to accomplish his desire in some instances, although they may have been few.

After many unsuccessful attempts by Politzer's method, I determined to try a plan which I conjectured would accomplish what I wanted. Early in January, 1875, I tried it, and was not the least disappointed in my anticipations. The mode of execution is very simple, effectual, and easily accomplished.

If the child is too young to stand, or is unruly, it should be placed in the arms of a nurse or assistant, on its back, inclined at an angle of forty-five degrees. The nozzle of a suitable air-bag is placed in the nose just as described in Politzer's method. The surgeon is now in readiness, with the air-bag in one hand, while the other retains its nozzle in position, and at the same time closes the meatus of the opposite side. A teaspoonful of water or milk is put into the child's mouth, which compels it to swallow ; and just at the time the act of deglutition is performed the air-bag must be forcibly compressed. In this way the infant's middle ear can be cleansed as thoroughly and hastily as the adult's. There is no danger in the operation. The only precaution necessary is to see that the child has no foreign body or substance in its mouth, which might be blown into the trachea. If the whole teaspoonful of liquid that is put into the child's mouth should be forced into the larynx, it would do no harm. The slight strangulation that occurs in those cases amounts to nothing ; in fact, its occurrence is very rare.

This method of inflating and cleansing the middle ear of infants has

the following advantages: 1. The assurance of success in every case where the Eustachian tubes are pervious and in a normal condition; 2. The ease and rapidity with which it can be accomplished; 3. It is applicable to a class of patients who will not permit the use of the Eustachian catheter, and who are unable to understand what is necessary on their part for the execution of Politzer's method—viz., a certain class of deaf-mutes and insane persons.—*Louisville Medical News.*

***Contagia and Bacteria.*** Reported by DR. CHARLES A. CAMERON.

On the 6th April, 1875, Dr. H. Charlton Bastian, Professor of Pathological Anatomy, University College, London, delivered before the Pathological Society of London an address on the Germ Theory of Disease. Dr. Bastian is a well-known and an able advocate of the doctrine of spontaneous generation. Though he has not been able as yet to adduce any proofs of the evolution of living organisms from mineral matter, he believes that he has conclusively demonstrated the fact that certain low forms of life are generated during the decay of organic matter, and that they are not necessarily produced from living beings of a similar kind. With reference to bacteria—which so many pathologists now consider as closely related to the disease poisons, if some of them be not actually the virus of zymotics—Dr. Bastian argues that they are merely "pathological products." He admits that they are found abundantly in pus, in the tissues of persons suffering from certain contagious diseases, but he contends that they are also widely distributed throughout the human body in connection with dying tissue, and that their existence therein is most easily explicable by the assumption of an origin by heterogenesis and by archæobiosis. When, however, bacteria do come into existence spontaneously as a product of the decomposition of nitrogenous tissues, then, according to Bastian, they multiply rapidly according to "the ordinary fashion." The greater part of Dr. Bastian's address is devoted to an attempt to refute the views of Pasteur, Burdon-Sanderson, Beale Lister, and other upholders of the germ theory of disease; and he sums up his arguments by enumerating the following "facts," as he terms them:

"1. With two exceptions, no definite germs or organisms are to be met with in the blood of patients suffering from these diseases during any stage of their progress.

"2. The virus or contagium of some of these diseases, whatever it may be, does not exhibit the properties of living matter.

"3. On the other hand, the virus of most of these contagious diseases with which definite experiment has been made is most potent in the fresh state, whilst its power very distinctly diminishes in intensity as organisms reveal their presence more abundantly therein—facts which would seem to point to the conclusion, or at least are quite consistent with the notion, that the contagious poison may be a chemical compound which gradually becomes destroyed or modified by the successive changes taking place in association with processes of putrefaction.

"4. There is the extreme improbability of the supposition that this whole class of diseases should be caused by organisms known only by their effects.

"5. The facts of the sudden cessation, periodical visitation, and many of the other phenomena of epidemics, however difficult they may be to explain upon any hypothesis, seem to oppose almost insuperable obstacles to the belief that living organisms are the causes of such epidemics of specific contagious diseases."—*Dublin Journal of Medical Science*.

---

*On the Prevention and Treatment of Scarlatina and other Infectious Diseases by the Internal Administration of Disinfectants.* By DR. DAVID J. BRAKENRIDGE.

The whole phenomena in infectious diseases are best embraced and explained by the germ theory. Whether the minute particles of living matter which constitute disease-germs consist of animal or of vegetable bioplasm, is a question which remains to be solved. Probably the latter view is the correct one. There certainly does appear to exist a close analogy between the behavior of such disease-poisons on the one hand and ferments on the other.

On this hypothesis we can readily understand how certain chemical agents, which have been found to destroy the life or inhibit the activity and multiplication of those organisms which are invariably associated with fermentation and putrefaction, and coincidently, if not consequent'y, to arrest these processes themselves, should have been successfully employed to prevent the spread of infectious diseases.

It has, thus, long been the practice to subject to the influence of such agents as permanganate of potash, chloride of lime, sulphurous acid, carbolic acid, etc., all liquid and solid substances supposed to be impregnated with the poison of an infectious disease. And striking results have been obtained by mixing the air itself—the medium through which the minute germs might be wafted into the body—with disinfectant gases.

A very universal accord has long been, and still is, given to the belief that by such means infectious diseases can be more or less disarmed of their virulence, limited in their spread, or even altogether prevented.

When fever breaks out in a house, a sense of comparative security accompanies the free and judicious use of disinfectants. Even the prudent physician is careful, in such a case, before leaving the sick room, to wash his hands with Condy's fluid or carbolized soap.

Supposing, however, that our means of disinfection, external to the body, were perfect, it would still be impossible to keep an individual, in all his surroundings, perpetually thus protected. We are constantly called upon, not merely to prevent the spread of disease, but to cure actual attacks which threaten life. Attention has, therefore, been much directed of late to the following question. When a case of infectious disease has actually occurred, can any disinfecting influence be brought to bear upon the disease-germs within the body? Is it possible, in short, to disinfect the living tissues? Admitting the analogy between disease-action and putrefaction or fermentation, it must be allowed that, if we can so disinfect the tissues of a living animal, that when it is put to death they will resist putrefaction, there is no reason why we should not hope to be able by suitable means to arrest or prevent zymotic disease.

Prof. Polli, of Milan, administered to animals, without any ill effects, large doses of the sulphites of the alkalies and alkaline earths. When animals were killed, and it was then found that, whilst an animal was under ordinary circumstances rapidly putrefied, those animals to which the sulphites had been administered showed no signs of putrefaction. *Medical Times and Gazette.*

***On the Use of Quinine as a Gargle in Diphtheritic, Scarlatinal, and other Forms of Sore Throat.*** By DAVID BRACKENRIDGE.

Since Binz published his famous experiments, showing the effect of quinine on the white corpuscles of the blood, numerous authorities have confirmed and extended his observations. The following facts, derived from others, may now be regarded as established:

1. Quinine is a protoplasm poison, and limits the number and vitality of the white blood corpuscles and pus cells.
2. It prevents the pathological migration of the blood corpuscles into the tissues of the membranous and parenchymatous organs exposed to the air, both when it is given subcutaneously and when it is directly applied to the part.
3. It restrains the dilatation of the blood-vessels.
4. It is an antiseptic, and exerts a paralyzing, or, in larger doses, a destructive influence on microzymes.

With these facts in view, the theoretical appropriateness of quinine as a gargle in diphtheria with abundant proliferation of micrococci, scarlatinal, and various other forms of sore throat, especially when attended with membranous exudation, pultaceous secretion, or ulcers, is apparent. For it antagonizes all the visible factors of such inflammation.

Before employing it for this purpose, I was familiar with the use of a solution of quinine as a dressing in bed-sores and other tedious ulcers. The marked diminution in the secretion of pus and the rapid healing of the parts which I observed to take place in these cases when so treated led me to anticipate good results from quinine as a gargle.

For the last four months I have treated every suitable case of sore throat that I have met with in my wards in the Royal Infirmary, Glasgow, where, with a gargle composed, as a rule, of two grains of anhydrous quinine and five minims of dilute sulphuric acid to each ounce of water. Sometimes I have been able to increase the strength; sometimes I have been compelled to diminish it. When well tolerated, the stronger is the better.

The results I have obtained fully confirm my favorable anticipations. From a considerable number of cases I draw the following conclusions:

Simple non-syphilitic ulcers of the throat, under this treatment, rapidly assume a healthier aspect and heal rapidly.

In syphilitic ulcers, the local treatment has always been accompanied by the internal administration of iodide of potassium, or some other suitable constitutional remedy; but my impression is that, in the treatment of these ulcers, the cure is hastened by the quinine gargle.

Its effect in the sore throat of scarlatina is very marked, the pultaceous secretion being checked, and the inflammatory swelling diminished.

It is of comparatively little use in the early stage of cynanche tonsillaris, over which tincture of aconite, in minim doses frequently repeated, has so decided a control. When, however, abscess followed by abundant discharge of pus results, its beneficial influence in checking the suppuration and promoting healing is marked.

In the slighter forms of diphtheritic sore throat it answers admirably, preventing the extension of the disease, and promoting the separation of the membranous exudation.

It is, however, in severe cases of true diphtheria that I hope it will prove most useful. I have now employed it in three cases of this disease, and in all the result has been highly satisfactory.—*Practitioner*.

#### *Treatment of Chorea by Arsenic.*—By GEORGE GASKOIN.

Perceiving a renewed attention bestowed on the treatment of chorea by means of arsenical preparations, I would add a few words to a subject which is only slightly referred to in my recent work on Psoriasis. How is it to be explained that this remedy, which has been pronounced to be infallible, or nearly so, by very competent physicians, should now hold scarce a second place? This I attribute to the faltering and confused recommendations found in medical works, or rather, in educational works on medicine, which results in a mixed treatment being adopted for chorea—a sort of compromise between opposite extremes. We are not even yet emancipated from the exaggerations of Hamilton as to the efficacy of purgatives in the treatment of chorea, as found in his works on Purgatives, or from the effect of the still more extraordinary statements of Parr in the beginning of the century, as seen in his Medical Dictionary. At the very least, the modern treatment is begun by purges, which are generally so thorough as to add both to the intensity of the disorder and to the difficulty of its cure; and, besides this, the course of arsenic will be more than once interrupted to give another purge to the patient, which only serves to aggravate the complaint in its general features. True, we consider it one of debility; but, in the works referred to, we are not warned against increasing that debility, even if the chorea have occurred after wasting fevers, such as I have sometimes seen it, accompanied by eczema.

In a letter which I have before me from Mr. Hammond, of Whetstone, who had great reputation thirty or forty years since for the cure of chorea by arsenic, he is very explicit on this point. "The health has need to be well supported. A full diet of meat and two glasses of port wine should be given daily; the latter with water, if the subject be feeble or excitable. An egg should be taken for breakfast, and all trash in diet avoided; that is, all that adds to the labor of digestion without contributing to support. The only purgative ever employed should be rhubarb or the compound decoction of aloes; but only to regulate the bowels—never to purge. The health should be sustained by air and exercise, and diet only modified by the absence or presence of plethora. With menstrual irregularity, riding on horseback will be useful, and air as much as

possible, but not to the point of fatigue." Again, he says:—"The *ral* solution of arsenic is the strongest tonic known; it often *ague* when quinine has failed. My reputation in the cure of chorea is wholly on the use of this preparation. I give it in that dose, (nine grains three times a day,) beginning with four, and gradually, in ten days, to nine. I have never known the remedy to fail; at least be assured that a few cases of chorea will resist this treatment. If it disagree, or be felt, lower the dose one drop."—*British Med. Journal*.

---

***Chloral, an Antiseptic.*—By Dr. M. SEE.**

Professor M. See uses nearly exclusively Chloral in the hospital of St. Eugénie in binding up wounds. Even in erysipelas and diffuse cellulitis, its use for two or three days suffices to remove these grave complications. He mentions, among others, two amputations of the thigh, two resections of the elbow, two resections of the calcaneus, a penetrating wound in the elbow, numerous contusions with extensive blood-*effusions*, etc., all of which ran a favorable course. He uses a solution of one per cent., with which he irrigates the wound, and bandages it in the usual manner. The Chloral has a pleasant odor, is not volatile, and does it possess any irritating qualities. Its absorption remains without any evil consequences, so that it also can be used in affections of the throat and nasal cavity. Its cheapness in hospital practice is also of some importance.—*Journal de Thérapeutique*.

---

***Syphilitic Nervous Disease.* By Dr. J. DRESCHFELD.**

If for a moment we consider the different aids we have in diagnosing the syphilitic nature of a nervous disease, we have the following:—

1. Age of patient. The age of persons affected with syphilitic nervous diseases ranges between 25 and 40. Out of ninety-six cases collected by Braus, sixty were of patients between 20 and 40 years old; and those given by Broadbent, Buzzard and others, exhibit the same proportion.
2. A syphilitic history. We have here to bear in mind that it is difficult, especially in women, to trace such a history; that often when the syphilitic virus selects for its locality the nervous system, there are no, or if any, secondary symptoms; while, on the other hand, nervous troubles coming on in a syphilitic patient may be simply due to a coincidence. Looking over many recorded cases, I find that certain forms of syphilitic nervous disease are much oftener preceded by well marked secondary symptoms than others: this, for instance, is true for syphilitic meningitis and the more acute cases of meningitis which come on soon after infection.
3. Multiplicity of lesion. Nervous symptoms which can only be accounted for by the assumption of separate pathological products acting in different parts of the nervous system are almost always due to syphilis.
4. Absence of other causes. This applies particularly to the peripheral branches of the different cranial nerves, and to sudden attacks of hemiplegia in young persons, in the absence of any cardiac or renal troubles.
5. Influence of anti-syphilitic treatment. In a great many cases

cially where the course of the nervous disease is acute, and where the patient has not previously undergone an anti-syphilitic treatment, the effects of the iodide and the mercury are very marked. In the more chronic cases, however, where the syphilitic deposit has itself undergone degenerative changes, and has established secondary changes in the surrounding nerve matter, the treatment will of necessity be of little avail.

Having diagnosed a nervous lesion to be syphilitic, it becomes then of some moment to determine the exact nature and seat of the affection. This, though important as regards the prognosis of the case, is of no great weight as regards the treatment. I hope, however, at a future period, to refer to this point also.—*Fractitioner*.

---

#### *Protoplasm.*—By PROF. HÆCKEL.

The term protoplasm, from Greek *protos*, first, and *plasma*, form, is applied to the supposed original substance from which all living beings are developed, and which is the universal concomitant of every phenomenon of life. All that is comprehended for brevity under the term life, whether the growth of plants, the flight of birds, or a train of human thought, is thus supposed to be caused by corporeal organs, which either themselves consist of protoplasm, or have been developed out of it. Wherever nutrition and propagation, motion and sensation exist, there is as their material basis this substance designated in a general sense as protoplasm. The proof of it is held to be furnished by the protozoans called moners, the whole completely developed body of which consists solely of protoplasm. They are not only the simplest organisms with which we are acquainted, but also the simplest living beings we can conceive of as capable of existing; and though their entire body is but a single, formless, small lump of protoplasm, and (each molecule of it being like the other) without any combination of parts, yet they perform all the functions which in their entirety constitute in the most highly organized animals and plants what is comprehended in the idea of life, namely, sensation and motion, nutrition and propagation. By examining these moners we shall gain a clear conception of the nature of protoplasm, and understand the important biological questions connected with the theory.—*Popular Science Monthly*.

---

#### *Surgery*—By THOMAS R. BROWN, M. D.

Some months ago Prof. Erichsen announced, 1st. "That so far as concerns the purely mechanical and manipulative departments, practical surgery has nearly if not quite attained finality; that indeed very little remains to be done to render operative surgery practically perfect." 2d. "That the success of operations bears no relation to the skill with which they are executed." "It not unfrequently happens," says Dr. Erichsen, "that if a surgeon has had a long run of good luck in his operations, he may think that he has at last mastered the secret of operating with success in any given disease. If, however, he goes on for a sufficiently long time, he will find that the Nemesis of numbers will certainly punish him for his pre-

sumption, and that the wave of success on which he has for a time triumphantly carried will eventually break and land him on the inevitable shore of average results." 3d. "That the mortality after operations is excessive, and especially after the major amputations, the rate of mortality has not diminished of late years; that it is particularly high in hospitals, and that probably this high rate of mortality is dependent upon determinable and removable causes, and may therefore be reduced, if not entirely abolished." Many of us will be surprised to find that the clinical records taken from many hospitals in this country and England give as the lowest average of mortality (which by the way is generally to American hospitals) 23 per cent., and the highest 37.8 per cent. This applies to major amputations grouped promiscuously, showing of combination tables, including primary and secondary amputations, and those for disease, taken from the registers of four large metropolitan hospitals in London, is a mortality rate of 37.8 per cent., and 631 amputations the very appalling number of 239 deaths.

It is matter of comment that according to nearly all statistics, amputations for disease give much better results than those performed on account of injury, the primary and secondary. In the latter cases amputations performed soon after the receipt of the injury, and shock in this case contributes the most towards swelling the mortality. To the shock of the injury is superadded the shock of the operation. As an example from the last table may be cited the fact that in primary amputations 59.5 died, in secondary amputations 59.5 were fatal, while in amputations for disease the death-rate was only 27.4. It is somewhat cognate to this to mention Samson's observation, that death by shock from the administration of chloroform to a patient upon whom, in the vigor of health, an operation was made necessary by reason of recent injury, was much less likely to occur than when the anæsthetic was given in connection with an equally grave operation on account of disease. In other words, the existence of a more or less long standing and exhausting disease, physical as it may seem, prepares a patient for undergoing with a good chance of success that for which, if he were to require the same procedure at a time of strong health by reason of injury, would make the probability of failure about balance those of recovery.

This singular series of facts is also borne out in noticing that in primary amputations 25 per cent. of all the deaths was due to shock, in secondary amputations only 6 per cent., while after amputations on account of disease not a single death from shock is recorded, leaving those above referred to within the category of diseases, over the general spread of which the modern investigation of contagion promises to throw so much of real practical importance. I now particularly mention pyæmia, which statistical evidence credits with being the cause of death after capital operations in no less than 36 per cent. This calculation is irrespective of the deaths induced by erysipelas, low grades of septic virulent and rapidly progressive inflammations of vitally important organs, and other kinds of trouble of equally septic origin. The relative percentage of deaths arising from this portentous malady (pyæmia) after the various varieties of amputations—primary, secondary, and on account of disease

is, after an examination of the best tables within my reach, 33 per cent., 44 per cent. and 34.6 respectively. Here we see for the first time an approach to similarity in the relative mortality from a given cause between primary amputations and those performed on account of disease, with a marked discrepancy between the latter and those of secondary amputations. I have no doubt that Mr. Erichsen, when speaking of the high rate of mortality being dependent upon "determinable causes which ought to be reduced if not entirely abolished," had exclusive reference to this condition of complication, which has only come to be recognized and defined in the last twenty-five or thirty years under the generic term of septicæmia, including under the head pyæmia, erysipelas, cellulitis, hospital gangrene, virulent inflammation of lungs, liver and other organs, with a tendency to rapid death, and generally possessing the two properties of being capable of generation *de novo* by the one factor of overcrowding, and in being more or less pronouncedly contagious.

---

**Hemiplegia.** BY DR ALFRED CARPENTER.

In most of the cases which I have met with the patient had been living before the attack at high pressure, both of mind and body, in some of the cases also trying to enjoy the pleasures of life at the same time, or, as it is called sometimes, "burning the candle at both ends." There is a commencing decay of cerebral tissue, inasmuch as the lining membrane of some of the capillaries of the brain is becoming the seat of the morbid changes, probably of fatty degeneration or so-called atheromatous deposit, not, however, sufficient to allow of rupture unless pressure is put upon it, and not yet fairly discernible to the naked eye.

If we ask ourselves what it is that nature does require to alter the cause, we get a clue to rational treatment. There is in such cases hyperæmia of the body generally, whilst a portion of the brain tissue is anæmic. We do not want more red blood, and there is excess of fatty matter already in the fluids of the body. Our patient can afford to live upon his own excess of heat-producing material for a time, whilst measures are taken for the more perfect purification of his blood. If in the case in question there is no evidence of damaged kidney, if the first manifestation of the tendency to capillary disease has been cerebral, if absolute rupture of the central capillary or other portion of the brain circulation has not taken place, there may be great hopes of perfect recovery, if at the same time the ordinary temperature keeps near to a natural standard, and especially if muscular rigidity does not come on. I have met with two cases of recovery in which there has been a general state of anæmia instead of the usual hyperæmic condition of system which is usually present. In these I gave ammonia with assafoetida as the most useful stimulant, in the form of spir. ammon. foetid. of the London Pharmacopœia; but in the hyperæmic cases I reduced the administration of stimulant to the smallest possible quantity.

Whilst carefully providing that the patient should breathe air as pure as possible, and admitted into the room directly from without, I have taken care that the room is warmed and that the body of the patient is

kept warm, so that no loss of power should arise from the abstraction of heat from the general system; and that the quantity of food which should be wanted to keep up the animal temperature should be as small as possible, and thus the stomach should have as much rest as can be given to it. The great reason for this care is the fact that the patient cannot exercise, cannot do any muscular work; the oxidation of fat and of the hydrocarbons which exist in excess in all those who are the subjects of this disease cannot be properly consumed. This defect has been the cause to produce the condition under which the patient is suffering, while the same cause there is very little opportunity of getting rid of the carbonic acid which is the result of these internal fires upon which the heat mainly depends. There is a tendency therefore for the fire to be extinguished by its own debris. Whilst taking care therefore to supply the oxygen provided for the use of the patient is not depreciated, the warmth to the body generally will assist in limiting the necessity of fuel in the shape of highly nitrogenized food and fatty matter. The debris which is the result of a production of animal heat is not removed by fatty degeneration or some other defective state of tissue is sure to be found both in muscle and nerve. As soon as the tenderness in the skin generally supervenes after recovery from the shock has departed, the patient should have the muscles of the extremities exercised by the aid of an assistant, quietly and gently kneading the various sets of muscles in the hand and foot at least two hours every day; the muscles upon the forearm of the arm and the leg being grasped firmly by the hand and much of the blood is squeezed out of them. Then the limb is flexed or extended so, that each set of muscles are taken in rotation as long as the patient can bear it. By getting regular exercise of the muscles, and by emptying out the blood from them the absorbents and the veins are pressed into action to remove the debris as would, if it remained there, produce evil; which would have remained in the system if the muscles were left in that state of repose which this class of patients are supposed to be obliged to be in. This kind of exercise produces an increase in the given number of respirations per minute, so that it is fair to assume that there is an increased formation of carbonic acid in the periphery of the system, and that the debris finds its way out through the pulmonary organs more perfectly than it otherwise would do if the muscles were not extended.

At the same time I have encouraged the excretory organs by prescribing an excess of diluting liquid, making the patient take as much water as can conveniently be done, giving it in a medicated state, with phosphoric soda, Pullna water, or small doses of sulphate of magnesia, acidulated with an excess of acid, as an aperient, every morning, according to the indications suggested by a frequent examination of the urine; also occasionally using a few doses of digitalis wherever there has been a failure of action with increased frequency of heat.

Lastly, as regards food. If there is one thing which experience teaches more than another in the dietetics of cerebral disease, it is that patients having a cerebral lesion can get on a very long time without any starchy or carbonaceous food, provided a sufficient quantity of water and oxygen is given,—that nature, under the circumstances which attend upon

or cerebral congestion of any kind, renders the requirements of food of the most limited character. In the cases I am considering, it will be found most beneficial to limit the supply of all the highly nitrogenized articles of food; to forbid the use of beef, pork, veal altogether; to allow but little fat, and not much sugar; forbidding all rich made dishes and heavy pastry; limiting the meal to two courses only, and giving claret or some other light wine freely diluted with water in preference to a vintage which has had an incomplete fermentation and also contains a large percentage of superadded spirit. In all the successful cases I have met with, the daily diet has been fish at least once, sometimes three times daily, occasionally a little mutton, chicken, or game, with simple milk or farinaceous pudding. If the skin has had a tendency to dryness, I have given weak tea with plenty of milk; if there is a fairly acting skin, coffee has been allowed. If the skin has been dry, and the heart sensitive, I have found that tea does not digest well, and in such cases cocoa nibs will suit better. In the earlier stages of the disease the food has been such as a child a year old might take. As the patient progresses, his appetite returns and becomes at times almost ravenous; notwithstanding that, I have only allowed such food as could not produce evil from its indigestible qualities. Mutton-broth, milk, rice-pudding, and the various farinaceous dishes which a good cook can always alter, will be found most certain to lead to a good recovery, and if the patient is hungry he can eat these; but if the appetite of the patient is to be considered, if the causes are again allowed to come into operation which produced the gouty state in the first instance, it is scarcely likely that future attacks will be warded off.—*Practitioner.*

---

#### *Cure of Acute Rheumatism by Salicylic Acid.*

The Boston Medical and Surgical Journal comments on the experiments of Prof. Traube (*Berlin Klinische Wochenschrift.*) Fourteen cases of acute rheumatism were treated with the acid, and in all cases, within two days, all fever had gone, as well as the redness, swelling, and pain in the joints.

Dr. Stricker believes salicylic acid a specific for acute rheumatism, and that the results in these experiments were not simply coincidences. The acid should be the pure, colorless crystals, and should be pulverized. The dose is seven to fifteen grains, and should be taken every hour until the affected joints can be moved without pain. As many as fifteen doses are usually required. The drug should be taken in wafers to protect the mouth. Increased perspiration, tinnitus aurium, deafness, and, rarely, slight mental exhilaration, are produced by the treatment.

---

#### *India-Rubber Cloth in Cutaneous Diseases.*

Prof. Pick, of Prague, favors its use in all processes where the skin is very dry, as it prevents evaporation. This dryness is especially noticed in all diseases with excessive formation of epidermis, as in psoriasis, ichthyosis, keratosis, and in eczema squamosum. Such a covering prolongs the

life of the young epidermic cells. Such a procedure may also be simultaneously with other treatment, as inunctions with tar, which may be done in the evening; the tar is washed off in the morning, and the affected parts covered with the india-rubber. In some forms of the india-rubber clothing alone suffices. The same beneficial effect has been witnessed in all diseases based on a diminished sebaceous secretion. In such states, the xerodermia, a chronic urticaria appears, soon passing over into prurigo. By preventing the xerodermia, we also prevent the consequent prurigo, so often resisting all treatment.—*Alg. Med.*

---

***Drunk or Dying? The Chief Causes of Coma, and agnostic Marks of each Variety***—BY DR. GEORGE F. R. S.

The attention of the profession and of the public has lately been directed in an especial manner to the means of distinguishing drunkenness from apoplexy and other forms of sudden coma. When I am asked to lecture on my pupils on the subject of apoplexy, I am in the habit of referring to the difficult question of diagnosis in the terms of the following passage from one of my lectures:—

**DIAGNOSIS.**—You are called to a patient in a state of insensibility, who knows nothing of his previous history, except that he has been found unconscious in the street, and you are required to ascertain the cause of this alarming condition. You must first consider what are the possible causes of the symptoms. He may have a clot of blood in his brain, the result of disease or a blow on the head; he may be in that comatose state which not unfrequently follows an epileptic fit; he may be poisoned by opium or by an excess of alcohol; or he may be suffering from the effects of uræmia.

Now, you will be less likely to make an erroneous diagnosis if you continually bear in mind that in some of these cases an accurate diagnosis is not only extremely difficult, but absolutely impossible until the cause of the symptoms have been watched for a certain time. That the occurrence of cerebral hemorrhage would be rendered probable by such signs as extreme relaxation or convulsive twitchings of the limbs or a lateral deviation of the features, or inequality of the pupils, or a cerebral hemorrhage on the surface of the brain none of these paralytic signs may be present. Marks of external injury, especially about the head, should be looked for in every case. A black eye or a cut or bruise on the head may have resulted from a drunken man falling down, but they may also have fractured his skull or ruptured a blood-vessel in the brain.

That the coma is a sequel of an epileptic fit might be suspected if it were found that the tongue is bitten and bleeding, and if there were hemorrhagic spots beneath the conjunctivæ or the skin; though these signs are frequently absent in epileptic cases. Epileptic coma is of short duration, and the speedy return of consciousness removes a doubt that may have existed as to the nature of these cases.

In cases of poisoning by opium, one of the most striking and characteristic symptoms is extreme contraction of the pupils. The skin too, is

bathed in a profuse perspiration. With respect to the contraction of the pupils, it has been observed that in cases of apoplexy with hemorrhage into the pons Varolii the pupils have been as much contracted as in opium-poisoning.

When the patient's breath is tainted by the odor of some alcoholic liquor, we of course suspect that he is drunk. It must not, however, be forgotten that as a drunken man is especially liable to be seized with apoplexy, and to suffer from accidental mechanical injury in the streets of a crowded city, so we may have to deal with the complication of alcoholic intoxication and cerebral hemorrhage on a fractured skull. It is a common practice to give brandy or some form of alcoholic stimulant to any one who has become faint or giddy, and so it may happen that an unconscious patient's breath is tainted with the odor of drink administered after the onset of an apoplectic seizure.

In cases of uræmic coma the urine is usually albuminous, and presents other physical and chemical signs of renal disease. Uræmic coma, in a large proportion of cases, is preceded by convulsions. The tongue is commonly brown and dry in those cases, and the breath has a most peculiar and characteristic fetor. Yet, even with all this evidence of renal disease, the case may not be one simply of uræmic coma; there may, in addition, be the complication of cerebral hemorrhage, which, as we know, is a frequent result of chronic Bright's disease.

The difficulty of diagnosis between renal disease and drunkenness is sometimes increased by the fact that the urine may be rendered temporarily albuminous by alcoholic intoxication. A remarkable case of transient alcoholic albuminuria occurred when my friend and colleague Dr. Baxter was House Physician to the Hospital. A man between twenty and thirty years of age was brought in one night by the police. He was unconscious, and breathing stertorously. He appeared to be drunk, and a large quantity of vinous liquid was pumped out of his stomach. The unconsciousness continued, and it was then suspected that he might be suffering from uræmic poisoning. This suspicion was confirmed by the fact that his urine, drawn off by a catheter, was "loaded with albumen." He was then put into bed; cupped over the loins, and a purgative was given. When Dr. Baxter visited the ward the following morning, he found the man up and dressed and clamoring for his discharge. He said that he had been very drunk overnight, but now he had nothing the matter with him; and he passed some urine which was found to be in every respect quite normal. The temporary albuminuria was the result of renal congestion caused by the excretion of an excess of alcohol through the kidneys.

In all doubtful cases of this kind it is better to err, if you err at all, on the side of caution and safety. Obviously it is better to allow a drunken man to recover his senses in the ward of the hospital than to send an apoplectic patient to die in the cell of a police-station. When a mistake is made on the opposite side, and a supposed drunkard dies apoplectic, it is a very natural, though it may be a very erroneous inference, that some one is to blame and deserving of punishment.—*Medical Times and Gazette*.

## EDITORIAL.

*The Study of Disease.*

In our last issue we had a brief article "On the Study of the Medica;" this month we propose to think of how we may best study disease. I know very well that there are many who think their study are over, at least they do not care to go back to the beginning; they bring their studies up afresh; yet there are others who will begin it if a wrong is pointed out, and a sufficient incentive to study. I have a very firm belief that nothing short of continuous study will lead to high attainments in medicine.

There are two methods of study—by *synthesis*, and by *analysis*. Each of these will be found valuable mental exercises. It is well to remember that the diseases we meet with and are called to treat are composed of several elements, each of which may be studied in detail. The method of study of disease we make is to take up each of these several elements in turn, its causes, its progress, its influence over other processes of life, its entire subsidence. The study of the manifestations of life in health we call physiology; the study of the manifestations of life in disease we call pathology. We study these manifestations of life in health as a standard of comparison by which we may determine conditions of disease, and we study the diseased manifestations of life in detail, that we may be able to determine the value of each when found in combination with others.

Every one, when he commences to think of the elements of disease, will probably commence with the pulse, and with this will think of the capillary and venous circulations. Following this, he will think of temperature, of the condition of the nervous system, of the processes of waste, of excretion by skin, kidneys and bowels, of digestion and assimilation, of the constituents of the blood, and of certain zymotic processes which may be set up and go on in the body.

It is a most excellent mental exercise (study) for the reader to take a sheet of paper and pencil, and note down all that he can recall of the elements of disease. What we can recall from observation is of more importance to us than what we can recall from reading, yet both should be put together. We ask the questions: What do I know about the circulation, arterial, capillary, venous, and how do I determine its normal state? What do I know about temperature as an element of disease? Increased, diminished, unequal? What do I know about the innervation, pain, unpleasantness, feelings of weight, fullness, loss of sensation, nervousness, etc.? What do I know about lesions of processes of waste and retrograde metamorphosis, and how will I determine them? What do I know about lesions of secretion, from the kidneys, and the bowels, arrested, scanty, too free, changed in character? What do I know about the lesions of digestion and of blood assimilation? What do I know about the lesions of the glands associated with the biliary canal? What do I know of the zymotic causes of disease and their influence upon the body?

As you read this over the old injunction, "know thyself," comes out in vivid characters, and has a double meaning. You are estimating your stock of knowledge, and the worth of your brain as an organ of thought—and the majority of us will find that we have overestimated both. Still there is this advantage—we recall things that we had forgotten, and we assure ourselves that if we will but continue this exercise of the mind, we can make it extremely useful.

When we have the elements of disease fairly in hand, we may make studies by synthesis—combining them in various proportions to form diseases like we see in ordinary practice. We do not wish to build imaginary diseases, and carry these fictions with us to the sick chamber to replace observation, but we do it as a study to train the mind for its work in the sick chamber. We commence with the most simple elements and combinations, put them together, note the symptoms, estimate the results, and think of the value of drugs in such cases. It is well to build our cases as nearly like the diseases we meet as possible, and we might head our paper with :

Wanted, a Rheumatic Fever. Circulation increased, pulse frequent (110), hard, surface flushed bright; temperature increased (104°), yet skin is soft and inclined to be moist in parts; urine is scanty, reddish; bowels constipated; complains of wandering pains, but especially of some particular part, which is flushed, slightly swollen, and sensitive for a time, then changes its position. Such a case is not uncommon, and as we place the prominent symptoms together, we get a better idea of the disease than we could from reading a treatise on rheumatism.

Then continuing the subject, we might think of the disease as it showed a dry, harsh skin; a frequent, small, hard pulse; contracted or pinched features; extreme restlessness; exquisite pain; nausea or vomiting; a broad, white tongue; a tongue red and contracted, etc. I do not think it possible that this synthetic study of medicine can be made without great profit. It brings up all we know of disease; it trains the mind to orderly thought; and it stimulates to close observation and to profitable reading.

The physician complains of want of time to study, especially if he is doing a country business and has long rides. But this is no excuse, every one has abundance of time, and these long rides are the very opportunities that need improving. One can soon attain a habit of thinking whilst making the daily rounds, and these mental processes can go on in the buggy or on horseback as well as in the office. I can testify from personal experience that it lightens the tediousness of daily work.

The process of analysis is just the opposite of that we have been considering. Now we take up some treatise on medicine which describes the diseases of the nosology, and we proceed to divide them into their component parts. In the practice of medicine we give every case a complete analysis, never or rarely prescribing for it as a whole. Every case, therefore, that comes into our hands, is a new subject for study, and a visit to one patient furnishes food for thought whilst going to the next. Having the case clearly before us, we separate it into its component parts, and see the wrong of each; then we take these parts and put them together to see that we have made no mistakes. We weigh the value of each part and

its relation to the whole, and then estimate the value of drugs separate part and to the whole.

We can make somewhat the same kind of classification of diseases we make of remedies, commencing with the more simple and divisions. Thus disease is general or local; what will give us general disease? What local disease? What functions and structures are common to the entire body?—the blood, its formation, circulation, and depuration; the nervous system and its influence through brain, spinal cord, and nerves; the thymic—here we must find the lesions that give general disease. What are the elements of local disease? Let each one estimate them in his own way—the circulation, the innervation, the nutrition, and the functional activity of the part. Each one will find that he can make his study and study better than any other can do it for him.

This, in brief, is about the method I would recommend to one who wishes to continue the study of medicine. As I have said, the practice of medicine requires thought, if it is to be raised above the ordinary routine of empiricism, which is about on a par with the use of medicines. This thought is needed from every physician, and should not be restricted to the writer on or teacher of medicine, and the easier, the better we think, the easier and better we will find the practice of it.

### *Light as a Remedy.*

In the last issue of the Journal, will be found a translation of the King, and an editorial notice calling attention to some articles published in the Journal in 1872. In this paper I wish to present the subject as far as we now know it, and point out its practical application.

Some years since I called attention to the necessity of having the rays of light upon persons suffering from atonic disease and want of vitality, as an aid to the action of remedies. I also called attention to the fact that want of light—living continuously in rooms with a small exposure—was a cause of disease, and should be avoided if possible. At the time of it, I also called attention to the experiments made in exposing surgical and other patients to the direct rays of the sun-bath. There is material here for considerable study and every person who is entrusted with the care of the health of the community should post himself up as to the facts. We will have an article on the "Therapeutics of Light," from the Journal of 1872.

"A very simple experiment will prove to any one that light is a stimulant, and absolutely essential to healthy life. Give a plant the conditions of growth—a proper soil, temperature, moisture, and withhold light, and though it lives for a time, it becomes pale, loses function, and finally dies; under these circumstances its nutritive powers are always lost. Place an animal or man in similar conditions and we observe the same results. The same is the case to a lesser degree when a plant or animal is only supplied by reflected light.

"A gross injustice is done to criminals, and frequently to the insane, by depriving them of light. No man can be reformed by darkness—it entails physical and moral degradation in every case. If a man is reformed, give him sunlight freely; if the poor of our cities are

elevated in the scale of humanity, the first step is to open broad ways for the admission of sunlight, and build tenement houses with windows so situated and so large that direct sunlight may reach every portion of the rooms.

"Applying the principle in the practice of medicine, I would have an abundant supply of light in all cases of disease except those in which there is an excess of stimulus. Failures in treatment are frequently made by neglect in this regard. Sometimes in cities we find the sick in rooms which are only supplied by artificial light; and in both city and country quite frequently in rooms that have only reflected light. In slight cases of acute or sthenic disease, we may treat them in such situations, but in asthenic disease never. Even the dark corner of a room, otherwise well lighted, is objectionable.

"In any case where the nutritive processes are impaired from atony, we want the stimulus of direct sunshine—a "sun-bath." Thus, in Paris it has been conclusively proven, that in an endemic of hospital erysipelas, all remedies found useless, the sun-bath was curative—the patients being placed on cots in the open air, and exposed to the direct rays. I have obtained most marked advantage in many cases by wheeling the bed before the window, that the patient might receive direct sunlight.

"In cases of local disease, I am satisfied that a direct sun-bath to the part will often be found of marked advantage. Use white light, blue light, yellow or red light, as may be indicated, recollecting the properties of the different colors.

"Reflected light is to some extent polarized, and in this proportion has lost its stimulant properties. We may regard it in the same way as electricity—light is electricity (?). Direct light is positive, polarized light is negative. The electrician finds that there is a difference many times, but just what he can hardly tell. Very certainly, living in polarized light will sometimes produce disease, as it will sometimes cure it. Take for instance the double windows in common use in the North and East, and the occupants of a room may live in such light, and will surely suffer an impairment of life. This will be greater if the window have a North exposure, and the light is reflected from frozen snow. Light reflected from water, is also polarized."

The reader will notice that these are most important facts, and that we can not ignore them with safety. We must have light for healthy lives, even our moral life is dependent upon this to a very considerable extent. "Darkness entails physical and moral degradation." Light is nature's stimulant, darkness nature's sedative. Light is for activity, darkness for rest.

Now physicists tell us that light may be decomposed—that is, it is a compound force, and we may have either of seven primary colors, each of which has distinctive properties. These, it has been proven, exert different influences upon inorganic and organic material. As regards its *luminous* properties the light in the *yellow* part of the spectrum has the greater intensity. In its *calorific* effects it has been determined that the thermometer indicates a higher temperature as it moves from violet to *red*, and is highest just outside the red. The *chemical* action is most intense in the *violet*, and just beyond it.

Now I will quote again from the Journal of 1872:

"In the October issue, page 464, attention was called to *blue light* as an organic stimulant. Gen. Pleasanton found that 'Geraniums which become unhealthy recovered their vigor and became more deeply colored when covered with blue glass; and the branches of the same geraniums showed a remarkable difference in their growth of leaves according to whether they were or were not covered with blue glass, the leaves on the covered branches having a diameter of six to eight inches, being of a deep-green color and perfectly healthy; while the uncovered branches were only two to three inches in diameter, and of a pale, sickly yellowish color, indicating feebleness. The case of a lady was also given, in which blue light had been used as a curative.

"To show that other persons have had their attention directed to this way, and also to add to our store of facts, I present the following clip from one of our exchanges:

"**EFFECT OF COLORS UPON HEALTH.**—A correspondent of the *Medical Record* states that he had occasion for several years to examine rooms occupied by young women for manufacturing purposes, and he has observed that while the workers in one room would be very cheerful and healthy, the occupants of a similar room, who were employed on the same business, were all inclined to be melancholy, and complained of soreness of the forehead and eyes, and were often ill and unable to work. The difference he could discover in the rooms was that the one occupied by the healthy workers was wholly whitewashed, and that occupied by the melancholy workers was covered with yellow ochre. As soon as the difference struck him he had the yellow ochre washed off the walls, and the room whitened. At once an improvement took place in the health of the occupants.

"I have two cases of my own to record, showing the local influence of slight modifications of light. The first was an unpleasant ulcer on the face, the result of an old syphilis. At times the ulcer, though small, became very irritable and the patient suffered severely from it. It was treated with yellow isinglass plaster with marked advantage. The second was an ulcer of the leg; the patient has had a sun bath, through blue glass, for two weeks, and there has been a very decided improvement."

I have noticed these effects of color a number of times, and have had occasion to change window shades and wall paper as a means of influencing the sick. It is a little singular how the popular mind is inclined to yellow and green; in the majority of houses the window blinds and curtains will be yellow or green, and the same persons seem to have a fortunate penchant for wall paper with a yellowish ground, and for figures. Some years since I had a young lady patient who suffered from anæmia, and functional disease (atony) of the reproductive apparatus. She had the entire list of restoratives and blood makers, with attention to the reproductive function, but without the least benefit. In the course of house cleaning I had the walls of her room papered with a pink paper, with rose-colored window curtains, and there was so much of an amendment that no one could mistake its cause.

Last summer, suffering with irritation of the nervous system

yellow window shades put up to my windows, and am satisfied that I experienced marked relief from them. In the house I live in, I have white shades to all the windows, and walls that are painted with a tint of blue or violet. One member of my family occupies a bed-room colored pink, and I have observed that it or something else has exerted a good influence on a naturally irritable nervous system; another occupied a light violet room, and grew a very unpleasant nervousness, and impairment of the health; recently she has changed to the pink room, and has been decidedly improved. On the whole the rather dull bluish or violet walls has been an advantage to the health of the family, though in my own person the stimulus is too much, and I shall have them toned down.

In the September number of 1872, I gave a new theory of the cause of Intermittent Fever, which, as it aids in illustrating this subject, I will quote:

"I may commence by stating that my confidence in the commonly received theory of a 'vegetable malaria from decomposing vegetable matter,' has been very much shaken, and year by year I have been losing confidence in it. That vegetable matter in a state of decomposition might be introduced into the blood, and that once there this fluid might be influenced to produce all the phenomena of fever, seems reasonable. But when we find it arising in situations and under circumstances that forbid the idea of such gaseous matter, then we must look further. One well established case where there was no such malaria or blood poison, upsets the entire theory."

"Now I have knowledge of a score or more of such cases. I have known cases in which the disease was as purely one of the nervous system as it could possibly be. Cases arising where ague did not exist, and in seasons when it was not prevalent, and where the ordinary idea of malarial poison was absurd; and I judge from conversations with physicians upon this subject that many others have made similar observations.

"This article was suggested by a case in my own family. A little boy, stout and rugged, in the enjoyment of robust health, and accustomed to constant out-door exercise, was attacked in June with a well-marked tertian ague, of a very severe character. It came on whilst in excellent health—(no malarial influence as ordinarily described), and no ague in the country. He had his usual food, and in all respects had been living as he had been accustomed to.

"But, on the day previous to the first chill, he had with other children, been playing and digging in a clay bank, and exposed to the direct rays of the sun, for the greater part of the day. The bank was *yellow* clay, the road adjacent was yellow—the reflected light was, of course, yellow. This ague was cured with large doses of Quinine.

"Associating this with what I had noticed in sections of country where ague prevailed, that there was a peculiar haziness of atmosphere, showing a distinct yellowness; and very frequently in the evening and morning showing itself distinctly along fences, drains, and sluggish water courses, fairly dancing in the oblique rays of the sun, I asked myself the question—may we not here find the cause of ague?

"Going one step further and we find the same discoloration of skin in

a person who is about to have ague, which becomes confirmed as is confirmed. This yellowish-sallow skin is so characteristic of the case, that we may frequently pick out the sufferers from ague by inspection.

"The reader has before this grasped the solution of the problem leading to this theory. Light when decomposed has certain rays called actinic or chemical, others that have no chemical action. The actinic rays are eminently vital, carrying on those transformations of matter which are essential to life, both vegetable and animal. Cover a plant with tissue of any kind, and it will speedily grow pale and show that it has been deprived of a vital stimulant. I am satisfied from a limited experiment that animal life would suffer in the same way if supplied with nothing but the yellow rays.

"The photographer employs the yellow glass or tissue to admit only the actinic rays to his 'dark room,' because yellow light has no chemical action.

"Now let us make a practical application of these facts, for these are important facts, if they will not explain the cause of ague.

"If you have a case of disease in which the stimulating or actinic rays are injurious, exclude them from your patient by the use of yellow curtains to the windows. Thus many persons feel relief when you have given the green surroundings, and a green medium for the production of light.

"But if your patient needs stimulation give him the influence of the direct rays of the sun—a sun bath. If it is heat that is wanted, but if it is the chemical force, violet is the color par excellence.

"There is this about ague—if in any case you will give your patient a rosy skin, you will get rid of the ague. Might we not gain some relief by a rose colored or violet surrounding, as a means of cure or of prevention?"

In the experiments by Dr. Panza, the red light was found to be a stimulant color, as shown by "Joseph" who found his appetite increased twenty-four hours under its influence. It had the same influence on the gloomy and taciturn patient, who was found gay and smiling after three hours.

On the contrary, the blue light was found to be the calmant in cases of insanity, an effect we should not have expected considering the fact that it is the light under which vegetation is most rapid. It says with reference to it, "being the absolute negation of all color, blue light is wonderfully efficacious in calming the furious agitation of maniacs."

I will conclude this paper with a quotation from the *London Lancet* on the "Dynamic Power of Light," premising that there is yet a great deal more than has been dreamed of in our philosophy:

"A curious discovery has followed Mr. Crookes' discovery of the dynamic power of light. It is this: That selenium, a metal or metalloid which, under certain peculiar treatment, acquires a very feeble conductivity even when kept in the dark, of transmitting the electric current, by exposure to light, a conducting medium for the electric current is formed, inadequate, far more perfect than before. So that a very poor conductor of electricity becomes a good conductor of electricity under the influence of light."

of light. In other words, we suppose, a new dynamic effect of light—one exerted especially on the molecular structure of selenium—has really been discovered. Possibly, in the same way, light may be found to stimulate the conducting power of the nerves. It is not a matter to have an opinion upon without exact measurements, but we fancy at least that some of our nerves appear to carry messages much more rapidly when exposed to light than they do in the dark."

---

### *A New Medical College (Eclectic?)*

We have occasionally to chronicle the birth of a new medical college (Eclectic), and sometimes we note the fact that pregnancy has been observed, and that parturition (of professors) may soon be expected. It is true that our motives in doing this are frequently called in question, and people claim that our interest always stands in the way of doing the parties full justice. We are all honorable and learned men, and we hope our friends of Chicago and St. Louis will welcome the newcomer in the field of medical instruction, and repeat the wish "that we had more Eclectic Colleges."

"BENTON, Saline County, Ark, April 24th, '76.

MR. JOHN M. SCUDDER, M. D.—My Der Sir i Drop you this Lines to Ask A favor of you. I Wish that you Wold send mee one of your Blank Diplomys such As you Use in the Coledg the reason Why i Want it is Wee Ar trying to Git up A Schoole in this Country and i Wold Like to Patern After yours i Hav seen yours And Like them And i Am Rather Parohel to Ohio Anyhow having formerly Lived there if you Will Bea so kind As to send Mee one of them i will Pay All charges hoping to Here from you soon I Am yours.

J. W. HALL, M. D."

---

### *Cayenne Pepper.*

"Out of twenty-eight samples examined in England, only four were genuine. Thirteen of the specimens contained red lead, some of them even in large and poisonous quantities. Vermillion, or sulphide of mercury, was detected in one sample. The other adulterants were venetian red, red ochre, brick-dust, ground rice, tumeric, salt, and mustard-seed husks."—*London Lancet*.

Just here the question arises, what are the proper proportions for mixing yellow ochre and red lead for the production of the genuine capsicum color, and how much of this mixture will be required to a pound of mustard-seed husks. And how many pounds of this adulterating composition shall we add to one pound of pure powdered capsicum for the production of a prime article of commercial capsicum? Will there be any advantage in substituting sulphide of mercury for red lead? To keep pace with the improvements of druggists, would it not be a good idea to give new names to our preparations of capsicum? For example, instead of "compound tincture capsicum and myrrh," let us say, "tinct. capsicum, mercury, mustard, lead, salt, etc., compound." L.

**Centennial.** Selected by Prof. JOHN KING, M. D., from a work published in 1778.

#### OF DEAFNESS.

The Causes of Deafness are a cutting off the external or an Obstruction of the auditory Passage from Wax, or Things; from a Rupture of the Membrane of the Tympanum, or when it is corroded or ulcerated, or the auditory Nerve obstructed or compressed. External Causes are Fall of the high Places, excessive Noise, such as the Explosion of Cannon; likewise acute Diseases near their State, which are liable to terminate by a critical *Hæmorrhage*.

As to the Prognostics, those who are born deaf are never cured. A real Deafness is hard to remedy. A Deafness arising from acute Diseases, with crude Urine, foretells a Delirium; when the Signs of Coction are good, it portends a critical *Hæmorrhage*.

With regard to the Cure; if the Obstruction be in the external Cavity of the Ear, it is discernible by the Sight; there is occasion to syringe the Ear, a Decoction of Sage and Rosemary Flowers will be proper, with equal Parts of White-Wine; but great caution should be used. To pump the Head with warm Bath-Waters. Some say, that the Juice of Ants bruised and put into the Ear, with the Juice of Onion, cure the most inveterate Deafness.

A critical Deafness will cease of itself. *Etmuller* recommends Amber and Musk, and I have known Hardness of Hearing often cured by putting a Grain or two of Musk into the Ear, with Cotton-Wool.

*Hoffman* says, Deafness sometimes arises from a Slackness of the auditory Nerves, which often happens from too great Humidity, which, if neglected, will terminate in a permanent and incurable Deafness, and may be dispersed, if taken in Time, by proper Cephalics and Sudorifics. Some, for this Purpose, recommend equal parts of Spirit of Lavender and *Hungary* Water, which should be dropped warm into the Ear. *Lindanus* advises the Gall of an Eel mixed with Spirit of White-Wine; and others, the Fumes of Sulphur conveyed into the Ear, with a Pipe or Funnel. But Regard must always be paid to the Cause, if discoverable.

*Heister* informs us, that medicinal Waters, drank in the Summer-time pretty largely, are the best Means as Preventives, and for curing Disorders in the Ears, and that they often perform more than any other Remedies whatever, as he learned from his own Experience, because he had struggled with these disorders upwards of twenty Years.

#### OF THE PROCIDENTIA UTERI.

It is a common Disorder, and the *Uterus* presents itself between the *Vagina* and the *Labia*, or is quite visible. Some

it is only the internal Membrane of the *Vagina*, sometimes the Body of the Womb.

This Disorder is rarely dangerous, for Women bear it a long Time; I have seen some who have had it for thirty Years.

The Cure consists in reducing the *Uterus*, and retaining it in it's Place. To reduce it, order a simple Clyster to evacuate the Rectum; the Patient should also bleed three or four Times: Then emollient Cataplasms should be used of white Bread and Milk, or of emollient Plants; emollient Baths are also to be employed. The Parts being thus relaxed, the Patient must lie on her Back, with her Hips higher than her Head, and her Legs quite asunder; then put back the *Uterus* by Degrees, where you find the least Resistance, and without any Violence. This done, the Patient must be confined to her Bed for about fifteen Days, with her Thighs closed, or her Legs across, and her Hips raised.

The Cure must be completed with astringent Injections, Baths, and Pessaries; with Fumigations of Frankincense, red Roses, and Mastich. Internally may be taken *Sang. Dracon.* *Corn. Cerv. Alum. rup. Coral.* ppt. in any suitable Form. Their Dose is ʒj. in a Day.

If these fail, you must have Recourse to a *Circulus Uterinus*, made of Cork, and covered with Wax, which will admit Exercise and Coition without Trouble.

*Sydenham* recommends the following Fomentation with Flannel, which is to be applied, Morning and Evening, till the Patient is cured:

R. *Cort. querc.* ʒij. *Cog* in *Aqua fontana* lbiv. *ad* lbij. *sub finem addendo Cortic. granator. contus.* ʒj. *Ros. rub. Flor. granat. an* Mij. *Dein adde Vin. rubr.* lb fs.

---

THIS being our Centennial we give a couple of extracts taken from a medical work published in London one hundred years ago. The title of the work is: "The general practice of Physic, extracted chiefly from the writings of the most celebrated practical physicians, etc., by R. Brooks, M. D. Printed for T. Carnan, and F. Newbery, Jun., at Number 66, in St. Paul's churchyard." We have endeavored to give, as nearly as we can, a fac-simile of the original. It is presented not only as one of the Centennial curiosities, but likewise that our readers may compare its style, description, and therapeutics, with that of the present era, and determine the amount of progress that has been made since its publication a century ago. Will the productions of the present day be as quaint a hundred years hence?

---

Dr. G. W. Green, of the firm of Chapman & Dunks, called my attention to the *Chionanthus Virginica*, (fringe tree), about one year ago, since which time I have used about two pounds of the fluid extract, and regard it as a specific in jaundice. I have used it in twenty cases of this disease—all cured speedily. It is a valuable remedy and deserving of study.

**Sixty-fourth Commencement of the Eclectic Medical Institute**

The Spring Session closed on May 9th. There was a regular attendance of 72, and of these 36 received the degree of Doctor of Medicine. The session was a pleasant one, and we have never had a more gentlemanly and studious class of students. The following was the order of exercises at the Commencement:

- Music—"Parade".....*Partolomau.*  
 Prayer, by Eld. W. P. Stratton.  
 Music—Waltz—"Imitation".....*Strauss.*  
 Report of the Session, by Prof. John M. Scudder, M. D.  
 Conferring Degrees, by the President, Wm. S. Merrell, M. D.  
 Music—Polka—"Mollie".....*L. Mund.*  
 Valedictory on the part of the Class, by Lewis D. Coy, M. D.  
 Music—Galop—"Advance".....*L. Mund.*  
 Address on the part of the Faculty, by Prof. A. J. Howe, M. D.

**LIST OF GRADUATES.**

Francis M. Stewart, Illinois.	D. Morgan McDonald, Pennsylvania.
Francis M. Richardson, Illinois.	Allen P. Banfield, Kentucky.
Frank E. Brigham, Massachusetts.	Robert L. Galbreath, Missouri.
James E. Walker, New York.	Nelson Frank Wetmore, New York.
Charles R. Jones, Indiana.	Albert J. Marston, Massachusetts.
Orolando A. Hall, Iowa.	Clarence H. Wright, Ohio.
William E. Kinnett, Illinois.	Samuel K. Poling, Indiana.
Benjamin T. Hall, Kentucky.	George W. Hyde, Illinois.
Henry P. Sharp, New York.	Lewis D. Coy, Ohio.
William E. Wooddell, Ohio.	Heman W. Dickinson, Michigan.
Lafayette J. Poe, Kentucky.	George M. Dayton, Ohio.
Milo J. Gilkerson, Nebraska.	William B. Cross, Indiana.
Charles C. Wainright, Ohio.	Andrew H. Hazlett, Iowa.
Leroy V. Tosh, Ohio.	William H. Pye, Indiana.
Matthew H. Sheldon, Ohio.	Chauncey S. Marsh, New York.
John J. Burton, Indiana.	Abraham W. Porter, Indiana.
Owen R. Williams, Ohio.	Jesse E. Bartoo, New York.
Christian W. Hansen, California.	George W. Martin, Ohio.

**ABSTRACTS FROM PROF. HOWE'S ADDRESS.**

*Gentlemen of the Graduating Class:* We welcome you to a profession that is not overstocked. If every five hundred inhabitants will support a doctor, and there be forty millions of people in the United States, there might be eighty thousand medical men in this great republic of ours. There are only half that number of doctors, consequently each on the average enjoys the bounteous patronage of a thousand inhabitants.

The American medical colleges turn out two thousand graduates annually; but, to offset these, vital statistics show that the death-rate is forty thousand physicians will reach fifteen hundred every year. And to this number five hundred others who leave the profession to engage in other pursuits, and it will be seen that the incomers barely reach the number of the outgoers.

Then, it is to be considered that our population increases at the rate of over half a million annually; we may ask where are the five hundred

coming medical men to come from who are to take professional care of this additional people? Surely there is no foundation for the assertion that our profession is crowded. It has been evident to me for years that the demand for medical men is greater than the supply. \* \* \* \* Ministers, lawyers, and doctors constitute the learned professions, as they have been called. The clergyman is the only rival the physician has in the hearts of the people; he often stands with the medical man at the bedside of the sick; his ministrations often do our patients good,—he is sometimes enabled to awaken a hope when our prognosis is unfavorable,—if not a hope in this world, a more precious one in the life to come. The benedictions of a kind old preacher are marvelously pleasant to the sick and the aged; but his theological discussions in the pulpit remind us that other fogs exist besides those encountered in London.

Lawyers are a conceited and consequential set. We employ one much when we choose between two evils; and if we flatter ourselves that we have taken up with the lesser, we shall find before we are through with him, that we have really saddled ourselves with the greater. I have many warm friends in the legal profession, but I have no idea where they will go when they leave the flesh. How a man can alternately defend the right and the wrong, exhibiting equal zeal in both, and not have the moral sense beclouded, is more than I can understand. The physician's life is spent in acts of love and charity, in relieving pain, in mitigating suffering and distress. Our profession is one in which the good and kindly qualities of our nature are called into activity; and if practiced by a man of liberal and generous disposition there is none which commands so much respect and esteem, and so frequently obtains for its members, friendship, gratitude and good-will. \* \* \* \*

If you would practice medicine successfully, you must feel a keen relish for its duties and its responsibilities, you must love your avocation as Jacob loved Rachel, and be willing to spend seven times seven years in the enchanting bondage.

Medicine is a branch of natural science, and if you would obtain a deeper understanding of this our favorite department, you must strive to comprehend the leading principles of each grand division in the great realm of the sciences. And as you take each successive step in the accomplishment of this high purpose, the way will grow more and more attractive, and the ascent less and less steep. The charms of an intellectual life will then begin to dawn; you will then find

"Tongues in trees,  
Books in the running brooks, sermons in stones,  
And good in everything."

I do not profess to be an expert in scientific matters, but the hours I have spent rummaging among the works of the Creator, have been the happiest of my life. Being reared in a country where few fossils are found, when I first set foot on this Old Silurian field, as one enchanted I stopped to gaze upon its fossil treasures. I hesitated to step lest I crush beautiful crinoid or mar the form of a sleeping trilobite.

If you would become more and more familiar with the structure and functions of the human body, you must spend some time in the study of

comparative anatomy and physiology. It is impossible to obtain thorough knowledge of the highest animal form, without knowing something of each class in the lower scale of being.

It was the boast of Cuvier that he could tell all about an animal, should he see one of its structural parts. "Give me the teeth," said he, "I will describe the stomach, the feet, and the skeleton." \* \* \*

Gentlemen, you have been studying together on terms of complete equality, and you naturally take an interest in each other's welfare. As time passes you will grow more and more at variance so far as personal circumstances are concerned. Some of you will be more fortunate than the rest; and it is not unreasonable to suppose that a few will meet with "bad luck." One may be hopelessly sick, another be betrayed, and another may be the victim of an adversity that no amount of wisdom and forethought could avert. Will the fortunate then remember the favored and the distressed? I have entered a physician's house and seen a hungry wife and children, and I have contributed my mite to the support of a physician's wife and orphans.

I believe you will not regret the trouble if you keep track of each other, and endeavor in some way to aid those who may need a word of encouragement, or a little assistance. And when the time to give comes, do not plead the lame excuse that you are not wealthy, and therefore cannot afford to give a helping hand.

"It needs not riches for the kindest display,  
If the heart be but willing it soon finds a way,  
And the lowliest of all, in the humblest abode,  
May help a poor brother a step on the road."

### *Penthorum Sedoides.*

We hope this remedy will be pretty generally tested this summer. I am sure it will be found a most valuable one. I call attention now that our physicians may learn to know it, and gather a supply in proper season, July and August, or even earlier in the Southern States. I judge it to be a very common plant, and it may be known by the following description:

*Natural Order*—Crassulaceæ. *Stem*—erect, from twelve to twenty inches, branched and angular above. *Leaves*—lanceolate, sessile, or subsessile, acute, sharply or unequally serrate or serrulate. *Flowers*—nearly sessile, in one-sided racemes, which are incurved at first, and then spreading. *Calyx*—5 sepaled, united at base. *Corolla*—generally 5-lobed. *Pistols*—5. *Stamens*—10. *Carpels*—united, 5-angled, 5-celled. *Seeds*—numerous, minute.

Gather the plant whilst the seeds are forming, and dry in the sun. When nearly dry a tincture may be made by bruising eight ounces of the herb, and covering it with one pint of alcohol of 76°, allowing it to stand for eight days, express and filter; or letting it dry so that it may be powdered, rub it up in a mortar, pack in a percolator, moisten with alcohol and let it stand twenty-four hours, then add the necessary amount of alcohol to give one pound of tincture for every eight ounces of herb.

The remedy exerts a most marked action upon mucous mem-

especially when they have been subject to chronic inflammation. It removes irritation, promotes normal functional activity, and brings the structures back to their normal condition. It has proven the most certain remedy in pharyngitis that I have ever employed, and has given such marked benefit in disease of the superior pharynx, posterior nares, and eustachian tubes, that I should not like to treat these cases without it. I have also used it with the spray apparatus, in nasal catarrh, with most excellent results.

Dr. Briggs wrote that it was used in the treatment of diarrhœa, and he had tried it in these cases with benefit, using the large doses. I am satisfied from the limited experiments that I have been able to make, that it will be found a much better remedy than the ordinary astringents used in the treatment of diarrhœa. Even in the small doses in which I have used it, it has exerted a kindly influence upon the stomach and bowels.

---

### ***Business is Business.***

In the olden time, "root and yerb" doctors were much given to cheap advertising in the shape of hand-bills of most curious form and style. In early Eclectic times, such advertisements were occasionally seen, and in the first "code of ethics" advertising was permitted in deference to such people. But I think we have wholly outgrown this, and reached that stand-point where we can condemn all advertising but that done by *professioners* and *writers*, who in all schools have freedom to puff themselves to their hearts' content.

As a curiosity for this centennial year, I publish the hand-bill of one Dr. McKindry, who evidently intends to gather in the shekels. The Dr. claims, like many others, that he is a graduate of the Eclectic Medical Institute, but unfortunately his name is not on our lists.

### **"CONSUMPTION CURED."**

"Dr. Wm. McKindry, Microscopic and Analytic Indian, Botanic, Physician. Having had Ten Years' Experience in the Treatment of Chronic Diseases throughout Southern Illinois, Missouri and Kansas, has now located in California, Monitau Co, Missouri, and opened out an office and consultation and examination rooms, just south of the depot, where he can be found at all hours both day and night, when not professionally engaged elsewhere.

"All ye afflicted should make note that the Doctor has quit traveling—busting you up—having worn out many good horses and buggys, and almost worn himself out, and has never yet charged any person for his services unless he perfected a cure. Now if you wish treatment, you must call at his office and receive an examination; after that medicine will be sent per mail or express.

"Dr. McKindry makes a specialty of Consumption, Cancers, Chronic Sore Eyes of every form, even Blindness of years' standing, Deafness, Rheumatism, Paralysis, Fits, Tapeworm, all kind of Worms; also, every form of Female Disease, both acute and chronic. Dr. McKindry makes a specialty of every form of chronic disease. By a microscopic examination of the blood and urine, he will tell you at once the nature of your disease, and then, if you wish, he will deal out to you the proper scientific remedies. By the aid of the microscope he can detect calculi, cancerous matter, carbonate of lime, and all extraneous substances mixed with the blood and urine.

"Dr. McKindry is also a scienced practitioner of Obstetries—mid The Doctor always charges reasonable fees, and the terms of payment such that all the afflicted can have treatment that wish it. Call office and see him. *Consultation free.*

"Consumption cured in from 60 to 90 days, with Nature's own cines, Roots, Barks and Herbs.

"My terms of payment are, one-fourth of the amount I charge for you must be paid down, a second fourth to be paid when you cure the remaining half to be paid twelve months after date of cure. money paid me will be refunded if any symptoms of the disease before the last payment is made. 'No cure, no pay,' is my motto.

"Don't fail to call and obtain treatment while you are yet within reach of medicine. While the sun shines is the time to make head dead men need no medicine. Address DR. WM. McKINDRY

**MARRIED**—At the residence of the bride's father, J. W. Const Esq. Buffalo, N. Y., on Monday evening, April 17th, 1876, by Rev. Fletcher, FRANKLIN D. PIERCE, M. D., and Miss IDA J. CONST both of Buffalo.

**For Sale**—Two large lots, good frame house of seven rooms, well of good stable, fruits and shrubbery of all kinds. Town has over six thousand inhabitants other Eclectic in the town; five railroads run into the town. Price \$1500.00. For wanting to sell out is poor health. Address B. H. W., Box 48, Moberly.

**For Sale**.—A drug store and practice, with a dwelling and four town lots, situated town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of the county seat. The store doing a fair business. The practice worth \$3000 a year energetic practitioner, with no competition nearer than Vandalia. Will give entire for \$3000. For further particulars, address DR. J. S. BARTON, Vera, Fayette Co.

#### RECEIPTS FOR JOURNAL TO MAY 40.

J A Crabtree \$2, L Van Trump 2, C Schenck 2, J M Gamble 2, G W Arnold 2, J mau 2, P J Gager 4, C W Price 4, J N Sims 1, Jno M Stephens 1, F M Tate 2, Jacob 2, D McVoy 2, W S Clark 2, R L Jenkins 2, F M Winningham 2, W T Maclin 4, B Geo D Coe 2, E P Harrison 1, C K Brown 2, C C Slocum 2, J O Lockwood 50c, H T 2, W L Jerman 2, Chas F Stewart 4, A C Hunt 2, N F Wetmore 1, J Lee Worley Williams 2, O R Williams 1, L E Wickens 2, A G Stillman 2, McLaughlin & Russ Gikerson 1, Jno H Lowe 2, T E Annis 2, J M Hull 1, A E Alexander 2, A E Pat Maxnard 2, A F Jones 2, J M Prichard 1, J B Harrison 2, E C Perry 2, Henry Lon ley Pope 2, J B Gordon 2, J M Butcher 2, Jesse E Bartoo 1, L D Coy 1, D White 2, LaGrange Severance 2, J G Brownlee 2, Q J Ricker 2, A M Sheffner 2, Wm Prince 2 las 2, C Gaskins 2, C B White 2, A L F Albertson 2, F L Gerald 2, DeLos Harbison Tillson 2, G W Burns 2, S K Polling 1, A Churchill 2, G W Hyde 2, W E Kennett 1, I 2, U S Wright 2, H Danforth 2, Chas Yeakle 2, H N Dale 2, J Crighton 2, J D Cur S F Owens 2.50, Mrs M E DeAnnoud 2, J W Macey 2, Jno Kincaid 2, J E Briggs 2, T Hawkins 2, H W Buxton 2, J D Young 2, E H Holbrook 2, D B Godney 4, W L H Baxter 2, Jas A McMullin 2, Newton Young 2, D M Bonham 2, Emory Strick Grover 2, B B Bracy 2, Geo Covert 2, C M Hubbard 2, S T Williams 2, T H Vank Mellette 2, H J Wylie 2, A C Rankin 2, F A Schultze 2, A L Marr 2, O S Eldridge 2, trell 2, J W Botkin 1, J S. Cameron 2, J H Watson 2, D H Chase 2, I J Garwood 2, mons 2, L T Mason 2, J L Acomb 2, E R Armatacong 2, J W Ellis 2, A A Wolfe 2, 2, A J Shore 2, H D West 2, D E Anderson 2, F Rayn 2, F M Cooper 1, J B Wiggin Hurbit 2, P H Griffin 2, A G Henry 4, C Smith 2, S H Purinton 2, W Henshaw 2, T ney 2, W E Green 2, S R Rasee 1, B Sturman 2, B F Willey 2, J C Prince 2, D Burns Morris 2, D S Silver 2, G D Hamilton 2, J W Dill 1, D P Bruton 2, H H Ferguson 2, hona 2, J L Combs 4, E A Thoman 2, J A Baldrige 2, J C Andrews 2, J D Kirb Gould 1, J A McKivren 2, S B Lum jr. 2, M J Liddell 2, J Young 2, Jos A James 2, lard 2, T J Edwards 2.50, J R Anderson 2, I S Knowles 2, J H Bradley 1, L H Callas A Powers 2, H E Zimmermann 2, P Hutton 2, H B Emsperger 2, W S Holland 2, H A L Chase 2, Wm Jones 2, H Hill 2, M L Dickson 2, W Shepard 2, J A Watts 2, T J ver 5, B Parker 2, S F Earnest 2, Robt Copeland 2, J M McElhinney 2, O A Poland, Wilhelm 2, A Deen 2, Jesse Longfield 2, H A Williamsou 2, F M Hackleman 2.

# THE ECLECTIC

## Practice of Medicine For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## TCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

and Wood Mantels, Doors,

Counters, Interior Wood Work,

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS of BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI:

Send for Catalogue.

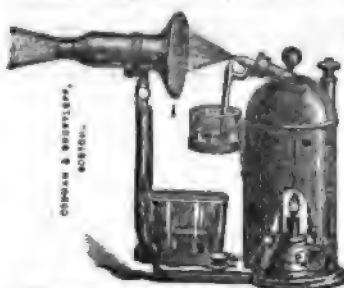
# CODMAN & SHURTLEFF'S

APPARATUSES FOR

## Atomization of Liquids for Inhalation, Local Anæsthesia &c.

By the Atomizer, any medicated liquid may be converted into the spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs.

### The complete Steam Atomizer, No. 15, for Inhalation, &c.



The complete Steam Atomizer, No. 15.  
For Inhalation, &c.  
Pat'd Mar. 24, 1868, and Mar. 18, 1869.

It consists of the sphere-shaped brass boiler, steam outlet tube B, with packing-box C forming rubber packing through which the atomizing tube D passes, steam-tight, and by means of which tubes of various sizes may be tightly packed against any force of steam, by screwing down cover while the packing is warm; the safety-valve E, capable of graduation for high or low pressure by the spring or screw in its top, the non-condensing handle F, by which the boiler may be kept while hot, the medicament cup and cup-holder the support H, iron base I, the glass face-shield J, with oval mouth-piece connected by the strap band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M M, which may be fixed at any height or angle required, by the milled Screw N.

The waste-cup, medicament-cup and lamp, held in their places in such a manner that they do not fall out when the apparatus is carried or moved over a bed or otherwise.

All its joints are hard soldered.

It can not be injured by exhaustion of water, or any attainable pressure of steam. It does not throw spirits of hot water to frighten or scald the patient. It is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will render the best of service for many years, and is cheap in the best sense of the word.  
Price \$6.00. Brass parts Nickel plated, additional, \$2.50.

Neatly made, strong, black walnut box, with convenient handle, additional, \$2.50.

### Shurtleff's Atomizing Apparatus, No. 5, for inhalation, and suitable tubes for local anæsthesia, and for making direct local applications of atomized liquids, for a great variety of purposes.



Shurtleff's Atomizing Apparatus, No. 5.  
Patented Mar. 24, 1868.

The most desirable Hand Apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and works perfectly in all positions.

The bulbs are adapted to all the tests made by us for local anæsthesia in surgical operations, teeth extraction, &c. for inhalation. Price \$4.00.

Each of the above apparatuses is supplied with two carefully made anodized glass Atomizing Tubes and accompanied with directions for use. Every atomizing apparatus is tested with steam, at very high pressure. Each apparatus is carefully packed for transportation, and warranted perfect. Also—

- HAND BALL APPARATUS (Fig. 5, without shield) with two glass tubes, ..... 3.
- THE BOSTON ATOMIZER, with two glass atomizing tubes and shield, ..... \$2.
- THE TREMONT ATOMIZER, with two glass atomizing tubes, ..... 2.
- GLASS TUBES to fit any of our apparatus, warranted perfect, each, ..... .
- NICKEL PLATED TUBES, for local anæsthesia and for inhalation, each, ..... 2.
- RHIGOLENE, for local anæsthesia, best quality, packed, ..... 1.
- NASAL DOUCHE, for treating diseases of the nasal cavity, eight different varieties, each with two nozzles, packed, \$1.20, 1.50, 1.75, 2.00 and 3.

N. B.—To save collection expenses, funds should be sent with the order, either in form of draft, post office order, or registered letter.  
For complete illustrated price-list of apparatus, tubes, &c., see pamphlet.]

See next page.

Will be sent by mail (post-paid) on application,

# A P A M P H L E T

Containing two articles, by distinguished foreign authority, on

## INHALATION OF ATOMIZED LIQUIDS,

with formulæ of those successfully employed.

Also an article by Dr. J. L. W. THUDICHUM, M. R. C. P., on

## A new Mode of Treating Diseases of the Nasal Cavity,

with his formulæ.

Also an illustrated description of the best apparatuses for the above purposes, and for producing local anesthesia by atomization with ether, by the method of Dr. Richardson of London, or with Rhigolene, as described by Dr. Henry J. Bigelow in the Boston Medical and Surgical Journal, of April 19, 1866.

All our Atomizing Instruments are made with the utmost care, with a view to their complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded to us by the Middlesex Mechanics' Association, for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New England Surgeon and physician:

**"1503. Codman & Shurtleff, Boston, Mass., one case Surgical Instruments and Atomizers.**

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. \* \* The various other instruments for inhalation of atomized liquids and for local anesthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture.—Gold Medal.

(Signed)

GILMAN KIMBALL, M. D. Chairman."

Also by the Mass. Charitable Mechanics' Association, Exhibition of 1869—a Silver Medal, the highest medal awarded for Surgical Instruments.

### ALSO FOR SALE. ]

\*Carmann's Stethoscopes:—

Disarticulating.....\$7.00

\* Knight's Modification.....9.50

Simple Throat Mirrors.....1.00

Ophthalmoscopes, Liebrich's.....4.00 to 6.00

Bolt's Dilator, Improved.....30.00

Barnes's set of three, with Inflator

and Stopcocks.....5.00

Large Ear Mirrors, Troltsche's.....3.50 to 5.00

Hypodermic Syringes.....3.00 to 13.00

\* Miller's Intra-Uterine Scarificator, in

case, (post-paid).....7.00

Lente's Intra-Uterine Caustic Instru-

ments.....1.25 to 3.50

Sponge Tents, plain and carbolized, each .25

\* Dr. Cutter's Retroversion and other

Pessaries.....3.00

Gaiffe's Electro-Medical Apparatus.....15.00

\* Dr. H. R. Storer's Combined Speculum 6.00

French Rubber Urinals, with valves, male,

for night or day.....6.00

Male, day only.....2.50 to 4.00

French Rubber Urinals, female for day

only.....3.00

Vaccine Virus, warranted, 10 quills.....1.50

1 Crust.....3.00

\* Vaccinators, Whittemore's Patent Au-

tomatic, for Crust or Lymph flesh

from arm.—Instantaneous, certain,

and almost painless (post-paid).....3.00

Automatic Vaccinator, in case.....3.50

Powder Syringes.....2.00

Laryngoscopes, Complete.....16.00 to 30.00

\* Dr. Oliver's Laryngoscopic Lantern.....4.00

The same with Auto-Laryngoscopic

attachment.....5.00

The same with ditto and three Laryn-

goscopic Mirrors, in case.....9.00

\*Send for Descriptive Circular.

Amputating, Trephining, Excising, Pocket, Dissecting, Throat, Eye, Ear, Uterine, Obstet-

ric, and all other special and general sets of Instruments on hand and made up to order.

Trusses—Spinal and abdominal Supporters—Shoulder Braces—Suspensory Bandages—Elas-

tic Hose—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr.

Sayres's Splints for Hip-joint Disease—Fever Thermometers—Respirators—Syringes—

Crutches—Universal Syringes—Galvanic Batteries and Apparatus—French Conical and

Olive-Tipped Bougies and Catheters.

Skeletons, Skulls, and Anatomical Charts on hand: Manikins, Anatomical and Pathological

Models imported to order: prices on application. All Instruments, Implements, and

Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles,

Bow Legs, Spinal Curvature, and other deformities, made to order.

Apparatus for Paracentesis Thoracis, approved by Dr. Bowditch, and accompanied with

directions kindly furnished by him.

Having our Manufactory with steam power, and a corps of experienced workman con-

nected with our store, we are able promptly to make to order new Instruments and appa-

rus and to supply new inventions on favorable terms.

**Instruments Sharpened, Polished and Repaired.**

**Our Atomizing Apparatus is for sale by MAX WOCHER & SON,**

**105 West Sixth street, Cincinnati.**

**Also by WM. AUTENBREITH, 71 West Sixth St. Cincinnati.**

An illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid, on application.

**CODMAN & SHURTLEFF,**

**Makers and Importers of Surgical and Dental Instruments.**

**13 and 15 TREMONT STREET BOSTON**

**H. H. HILL & CO.,**

WHOLESALE DEALERS IN

**Drugs, Liquors, Medicines  
AND CHEMICALS,  
BARKS, HERBS, ROOTS, ETC.,**

**Manufacturers of Resinoids, Fluid and Solid  
tracts, Syrups, Tinctures, Ointments, etc.**

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at  
prices.

**S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.**

**FRESH VACCINE VIRUS** Constantly on Hand

---

**Hall's Silver-Plated Electrodes**

A very fine Case of instruments for the application of electricity  
will give satisfaction, and which can be furnished for \$9 in cash.

Address

**JOHN M. SCUDDER,**

Cincinnati, O.

---

**THE AMERICAN DISPENSARY**

**BY JOHN KING, M. D.**

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$

Address **J. M. SCUDDER, M. D.**

Box 146 CINCINNATI, O.

# GREEN' TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed :

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices : 1 oz. 30 cents, 2 oz. 50 cents.

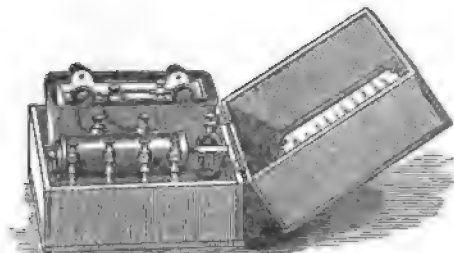
## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST**  
N. W. COR. COURT AND CUTTER ST.  
CINCINNATI, OHIO.

*Will supply every article required by the practicing Physician, such as*

Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.

All articles furnished of the best quality, and no pains spared to  
satisfaction.

Prices as low as those of other reliable houses.

---

**Fractures and Dislocations**

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute*  
**SECOND EDITION.**

Will be sent by mail free of postage, on receipt of the price, \$4.00.

Address

**JOHN M. SCUDDER,**  
223 Court Street, CINCINNATI

THE ATTENTION OF PHYSICIANS IS CALLED TO  
**THE FAMILIAR TREATISE ON MEDICINE**  
**FOR THE USE OF FAMILIES,**

**BY JOHN M. SCUDDER, M. D.**

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

**CONTENTS VOL. 1.**

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homoeopathy, Eclectic-ism, The Physician, The Practice of Medicine, Quackery.

**PART I.—Anatomy and Physiology.**—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessel, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.—Hygiene.**—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquors as a Cause of Disease.

**PART III.—Medicines for Family Use.**—Use of Medicines, Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.—Management of Accidents and Injuries and Surgical Diseases.**—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Bupture, Hemorrhoids—Piles, Fistula in Ano, Chronic Disease of the Loins, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.—Diseases and their Treatment.**—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Gifions Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid, Vaccination, Chicken Pox, Measels, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhea, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.—Notes on Nursing.**—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advices, Personal Cleanliness, Observation of the Sick, Conclusion.

**CONTENTS VOL. 2.**

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.—Diseases of Women.**—Amenorrhœa, Dysmenorrhœa, Menorrhagia, Leucorrhœa, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anteversion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.—Care and Management of Children.** The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opiate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & C**  
**WHOLESALE DRUGGISTS,**

AND

**MANUFACTURERS OF ECLECTIC PREPARATIONS**

**CORNER OF COURT AND PLUM STREETS,  
CINCINNATI, OHIO,**

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, etc., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every description used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians, Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine paper at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. Books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREY**  
**DRUGGIST**

AND

**Manufacturing Chemist**

**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**

**Cincinnati, O.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Compound Powders**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians and Surgeons.**

**Surgical & Dental Instruments, Manufactured by**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and no pains to accomplish that end satisfactorily. My prices will always be as low as of any other reliable house.

**Importation of German Tinctures Specialty—**

**DO YOU WANT  
A VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhoea,  
On Diseases of the Ear,  
On Diseases of the Eye,

**THEN BUY  
King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

**Address**

**JOHN M. SCUDDER,**

**Cincinnati, Ohio.**

---

**ROBERT CLARKE & CO.,  
Publishers, Booksellers, Stationers  
AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

## **An Open Letter to the Doctor's and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We have our manufacture of a special heavy brand of

### **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Spoons, Ladles, etc. We also make a specialty of Communion Plates ranging in price from \$10 to \$40 per set. We guarantee all of them to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent on request.

**MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,

54 Fountain Square, Cincinnati.

---

T H E

## **Eclectic Practice of Medicine**

**BY JOHN M. SCUDDER, M. D.**

SIXTH THOUSAND.

REVISED AND ENLARGED EDITION.

The new Practice has been thoroughly revised, and we hope to meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# **B. KEITH & CO.'S**

## **Pure Concentrated Medicines,**

### **CONCENTRATED TINCTURES, Etc.**

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### **CONCENTRATED TINCTURES,**

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 3 ozs., 8 ozs., and 1 lb.

#### **VACCINE VIRUS.**

10 Ivory points, Cow-pox Virus, charged on both sides.....\$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

#### **HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.**

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

---

---

## **SPECIFIC DIAGNOSIS.**

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

**JOHN M. SCUDDER, Cincinnati, Ohio.**

# ECLECTIC TEXT-BOOK

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00

---

## **Specific Medication and Specific Medicine**

BY JOHN M. SCUDDER, M. D. Price \$2.50

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

**Address**

JOHN M. SCUDDER, M. D., Cincinnati

# B. KEITH & CO.'S

## Pure Concentrated Medicines,

### CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

#### VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides,.....\$1.50  
 1 Crust..... 5.00  
 Sent by mail on receipt of price.

#### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Therapeutic Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease with especial reference to the Administration of Remedies.*

BY JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine in the Eclectic Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
 Price \$2.50. Address

JOHN M. SCUDDER, Cincinnati, Ohio.

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED.

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE SELECT  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1873.

SENT BY MAIL FOR \$2.50.

LITTLE BUT GOOD.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

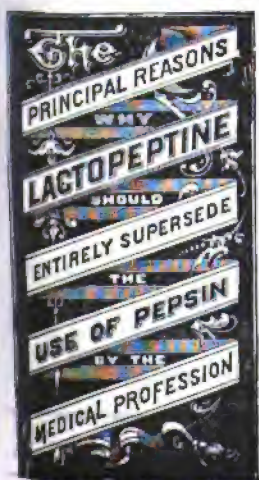
LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



FORMULA OF LACTOPEPTINE.	
Sugar of Milk,	20 Ounces.
Pepsin,	4 "
Pancreatic,	3 "
Powder and Mix.	24 fl. "
	1 Drachm.
	24 p. Drachms.
	24 fl. "

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatic will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatic mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

*All the statements made in this Circular are the result of repeated  
ful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more during the past two months, by producing several of its component parts from traneous matter, and we now believe it is not susceptible of any further

Physicians who have not given LACTOPEPTINE a trial in their practice fully requested to read the following opinions of some of our leading Practitioners, its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPsin ALONE HAD FAILED TO BENEFIT, BUT WHICH HAVE BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNRICK'S preparation of Pepsine, Dinstase, Lactic Acid and Hydrochloric Acid, made according to publication and called *Lactopeptine*, find that in those diseases of the stomach where the remedies are indicated, it has proven itself a desirable, useful and well adapted to the usual pharmaceutical preparations, and therefore recommend it to the profession.  
NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,  
Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,  
Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,  
Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,  
Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,  
Professor Pathological Anatomy, and Lecturer in Medical and Therapeutical Medicine.

SAMUEL R. PERCY, M. D.,  
Professor Materia Medica, Medical College.

J. H. TYNDALL, M. D.,  
Physician at St. Francis.

JOSEPH E. WINTERS, M. D.,  
House Physician Bellevue.

GEO. F. BATES, M. D.,  
House Surgeon Bellevue.

INEBRIATE ASYLUM, NEW YORK, March 25th.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in the Institution, for about six months, especially in the treatment of Gastritis, and I give you to be able to say that I have found the best results from it, supplying an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON.

BRANDON, VT., March 25th.

I desire to say that I have used LACTOPEPTINE for a year, not only in my own case, but also in my own case, and have found it one of the most valuable aids to the treatment of the diseases of the stomach that I have ever used.

A. T. WOODWARD, M. D.,  
Late Professor of Obstetrics and Diseases of Women, Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analytical Journal, and having long ago recognized the inability of Pepsin to react in which the several processes of digestion are all more or less involved, I commenced the use of LACTOPEPTINE in my own case. This was, in brief, a case of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general result was not encouraging.

*A large proportion of diseases are the result of imperfect digestion.*

---

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—  
NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—  
WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—  
WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 4 years.

JAMES M. WILSON, M. D.

—oo—  
BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—  
EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—  
CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

---

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water & emulsionise sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, MO., September 4th, 1891

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin I have ever used.

J. A. MUNK, M.

—oo—  
FORT DODGE, IOWA, November 15th, 1891

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children.

W. L. NICHOLSON, M.

—oo—  
WHITE HALL, VA. January 4th, 1892

A short time since I sent for some of your **LACTOPEPTINE**, which I used in case of a lady who had been suffering with dyspepsia for over twelve months, and had taken Pepsin, and other remedies usually prescribed in that disease, with very benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M.

—oo—  
INDIANOLA, IOWA, December 11th, 1891

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, and it gave immediate and perfect relief, after all other remedies had failed. She was almost *inculo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up and was called in council the other day to a case of Intussusception; the patient was passing stercoraceous matter; had retained no nutrition for several days. I gave the **TOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels with inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *shest anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M.

—oo—  
CONTOCOOK, N. H., November 25th, 1891

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and of vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with indigestion, loss of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses.

GEO. C. BLAISDELL, M.

—oo—  
MO. VALLEY, IOWA, November 12th, 1891

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in large doses. He used it about a week and was greatly benefited. I failed to procure it just then, so I gave him Pepsin instead, the patient thinking it to be the same preparation. After two days he returned to my office saying that "the last medicine did not do the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy.

G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—00—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbo-lic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Melæta, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARRICK manufacture a full line of Fluid Extracts.*

## BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combining strengthening properties of Extract of Beef and Wine are indicated, this will be found most efficacious.

## ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA LACTOPEPTINE.

There can be no combination more suitable than the above in cases of General Debility, attended with Dyspepsia.

## ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous De

## ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with Gen

## SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility, impaired digestion, and also of great value in Pulmonary Affections.

## FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., and used them with great success in his practice:

### NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

<b>R</b>	Liquid Lactopeptine,	dr.
	Fl. Ex. Cinchona Comp,	dr.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	ss
	Hydrochloric Acid Dilut.,	dr.
	Spts. Lavender Comp.,	dr.
	Sulphate Quinia,	grs

**M. Dose.**—One teaspoonful every two or three hours.

**Stg.**—Quinine mixture or tonic mixture.

### REMARKS.

This mixture should be taken every two hours in the case of a quotidian fever, soon after the subsidence of the paroxysms as the stomach will accept it, or during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the interval, and if the attack does not recur, then continue the mixture daily at a rate diminished by one hour each day.

### NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

<b>R</b>	Liquid Lactopeptine,	dr.
	Fl. Ex. Cinchona Comp,	dr.
	Tinct. Zingiber,	dr.
	Spts. Lavender Comp,	dr.
	Aromatic Sulphuric Acid,	dr.
	Essence Menth. Pip. or Gaultheria,	gtt
	Sulphate Quinia,	grs

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours. Formula No. 1, and in accordance with the type of the attack. Begin at the

*All our goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

<b>R</b> Liquid Lactopeptine,	dr. fl. vi.
Fl. Ex. Cinchona Com.,	—
Tinc. Nux. Vomica,	ss dr. xi.
Spts. Lavender Comp.,	oz. ss.
Hydrocyanic Acid Dilut.,	dr. ss.
Syr. Aromatic Rhubarb,	oz. ss.
Sulphate Quinine,	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

<b>R</b> Liquid Lactopeptine,	dr. vi.
Liq. Opit. Comp. (Squibbs'),	dr. iii.
Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
Syr. Aromatic Rhubarb,	dr. ii.
Pulv. Nit. Bismuth,	dr. ss.
Aqua Camph.,	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to *LACTOPEPTINE* we manufacture **PEPSIN, PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world. They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 gra.
Liquorice,	1 dr.
Ginger,	3 gra.
Coriander,	5 "

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*All our goods are of guaranteed strength and uniformity.*

### Strychnia Compound Pill.

Strychnia, - - -	1-100 grain.
Phosphorus, - - -	1-100 "
Ex. Cannabis Indica, -	1-16 "
Ginseng, - - -	1 "
Carb. Iron, - - -	1 "

Dose—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

### Hæma, Quinia and

Ext. Blood, - - -	
Quinine Sulph., -	
Sesqui Oxide Iron, -	

Dose—One to two.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

### HEMA PILLS.

We beg to present to the Medical Profession for their special consideration several preparations of Blood Pills. The use of Blood medicinally, and its administration in a large class of diseases, has arrested the attention of leading Physicians of Europe, and has received their warmest attestation. Among these may be mentioned Prof. Panum, of the University of Copenhagen, using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, are seen numerous persons afflicted with Pulmonary Affections, Chlorosis, and other ailments, who are daily drinking the blood of the ox, and manifesting more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated by heat, the temperature not exceeding 100° F., the remaining mass, containing every element of blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

Dose.—Two to four.

90 cts. per hundred.

#### HÆMA COMP.

Ext. Blood, 2 grs.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

#### HÆMA, QUINIA, AND STRYCHNIA

Ext. Blood

Quinine Sulph.

Sesqui Oxide Iron

Strychnine

Dose.—One to two.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SENT BY MAIL.

BY MAIL.

#### Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of

One pound " " " " " "

A fraction of an ounce or pound sent by mail on receipt of corresponding order.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARRICK, Manufacturing Pharmacians

198 FULTON STREET, NEW YORK

# PARKE, DAVIS & CO.

## Manufacturing Chemists

DETROIT,

MANUFACTURERS OF

Fluid and Solid Extracts, Sugar-coated Pills,  
 Elixirs, Wines and Syrups, Aqua Ammonia  
 Pure Concentrations, Spts. Nitre Dul  
 Effervescent Effervescing Salts, Pure Powd'd Dr  
 Chem. Pure Chloroform, Chemicals, &c.

call special attention to the following articles lately  
 list:

Fluid Extract Jaborandi.  
 Fluid Extract Damiana.  
 Fluid Extract Guarana.  
 Fluid Extract Eucalyptus Globulus.  
 Fluid Extract Grindelia Robusta.  
 Fluid Extract Bearsfoot.  
 Fluid Extract Calendula.  
 Fluid Extract Chestnut Leaves.  
 Fluid Extract Cotton Root Bark, (from the fresh ro  
 Fluid Extract Gelseminum, (from the fresh root.  
 Pills of Picrate Ammonium, (sugar coated.)  
 Brundage's Anti-Constipation Pills, (sugar coated.)

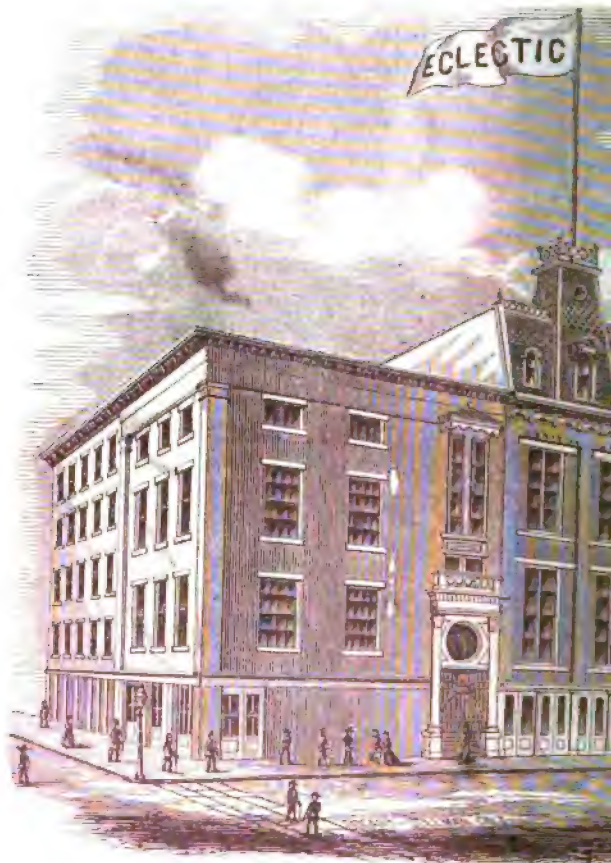
Send for dose, descriptive list and circulars, which will b  
 arded on application.

Physicians who desire our preparations will please specify  
 on their prescriptions.

Our list of manufactures can be obtained of the following w  
 rugists, at manufacturers' rates:

DEPOT IN NEW YORK CITY, LEHN & FINK.

Maeredy & Co.	Cincinnati
Canyon, Potter & Co.	Syracuse, N. Y.
George A. Kelly & Co.	Pittsburg, Pa.
Wentom, Myers & Canfield,	Cleveland, O.
George M. Dixon,	Dayton, O.
Peter & Co.	Louisville, Ky.
Carrison, Plummer & Co.	Chicago, Ill.
Colburn, Birks & Co.	Peoria, Ill.
George A. Eddy,	Leavenworth, Kan.
Godbe, Pitts & Co.	Salt Lake City, Utah
Reed, Williams & Co.	Toledo, O.
Farrand, Williams & Co.	Detroit, Mich.
Swift & Dodds,	Detroit, Mich.
Towning & Sloan,	Indianapolis,
Heacock, Finlay & Co.,	New Orleans,
Weng, Cobb & Co.,	Cleveland, O.
W. Wood & Co.,	Kansas City, Mo.
Darbin,	Denver, Co.
Yans, Mercer & Co.,	Montreal, C.



# **Eclectic Medical Institute**

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2d, 1876. Preliminary Lectures from  
Spring Session Commencing February 1st, 1877.

---

For Annual Announcement, or other information, address  
**DR. J. M. SCUDDER**  
CINCINNATI

THE

## Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. xxxvi.

Cincinnati, July, 1876.

No. 7.

## TABLE OF CONTENTS.

## Original Communications.

ART. LIV.—Diseases of the Rectum. By Prof. E. Freeman, M. D.....	299
ART. LV.—Grindelia Squarrosa. By J. H. Sundy, M. D.....	301
ART. LVI.—Paracentesis Abdominis. By Prof. A. J. Howe, M. D.....	303
ART. LVII.—Pulmonary Calculi. By F. Cornwall, M. D.....	306
ART. LVIII.—Pumpkin Seeds for Tape Worm. By G. F. Adye, M. D.....	307
ART. LIX.—Sulphate of Cinchonidia. By LaGrange Severance, M. D.....	308
ART. LX.—Hypophosphite of Olein and Glycerine. By Horace E. Ashmead, M.D.....	308
ART. LXI.—Green Tinctures. By J. U. Lloyd.....	310
ART. LXII.—Clinical Notes. By W. M. Ingalls, M. D.....	314

## Periscope.

Contribution to the Study of Non-Cancerous Tumors of the Breast.....	315
On the value of Fluctuation as a Sign.....	320
On the Treatment of Hemorrhoids.....	323
The treatment of Fistulous Sinuses by means of the Elastic Ligature.....	324
Hypodermic treatment of Enlarged Cervical Glands.....	326
Tumors of the Lymphatic Glands.....	327

## Editorial.

Simplicity in Diagnosis.....	329
One of the Causes of Rectal Diseases.....	331
New Indigenous Remedies.....	332
Juglans Cinerea.....	333
Advertised Medicines and Dr. Ingalls.....	332
Will our People ever learn to exercise Common Sense?.....	333
Chloral Hydrate.....	335
Is there any such thing as Metastasis?.....	335
Ohio State Eclectic Medical Association.....	337
Massachusetts Eclectic Medical Society.....	340
Illinois State Eclectic Medical Society.....	341
Michigan Eclectic State Associations.....	342
Book Notices.....	342





REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

WM. R. WARNER & CO.

Manufacturing Chemists,

1228 MARKET STREET,  
PHILADELPHIA.

MANUFACTURERS OF

Reliable Sugar-Coated Pills,  
Standard Fluid Extracts, Elixirs,  
Wines, Syrups, New Remedies and  
all Official Preparations.

SEND FOR PRICE-LIST.



\*\*\*\*\* Sugar Coated Pills are more soluble than Gelatine Coated or pressed Pills.—*Prof. Remington's Paper read before American Pharmacological Association, Boston, 1875.*

# WARNER & CO'S Phosphorus Pill

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following

**Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.**

*The Pillular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in the liquid state, and is not extinguished by oxidation.*

*This method of preparing Phosphorus has been discovered and brought to perfection, and is thus presented in its elementary state, free from repulsive qualities, which have long militated against the use of this potent and valuable remedy. This is requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation of it.*

*Its use in the above named complaints, is supported by no less authority than that of Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, Hammond, of New York. The special treatment indicated in these cases is: 1st. Rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study, which is itself painful, which the patient might select; 3d. Tranquillity to the senses, which will presently give in these cases incorrect impressions, putting only those objects before the mind calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish. The internal administration of Phosphorus in Pillular form, prepared by WILLIAM R. WARNER & CO.*

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES**

Pil Phosphori, 1-100 gr. in each,	-	-	-	-	-	-	-	-	-
Pil Phosphori, 1-50 "	-	-	-	-	-	-	-	-	-
Pil Phosphori, 1-25 "	-	-	-	-	-	-	-	-	-
Pil Phosphori Comp.,	-	-	-	-	-	-	-	-	-
Phosphorus, 1-100 gr. Ext. Nuc. Vomica, $\frac{1}{2}$ gr.	-	-	-	-	-	-	-	-	-
Pil Phosphori et Nucis Vomicae,	-	-	-	-	-	-	-	-	-
Phosphorus, 1-50 gr. Ext. Nuc. Vomica, $\frac{1}{2}$ gr.	-	-	-	-	-	-	-	-	-
Pil Phosphori et Ferri et Nuc. Vom.	-	-	-	-	-	-	-	-	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	-	-	-	-	-	-	-	-	-
Pil Phosphori et Ferri et Quinia,	-	-	-	-	-	-	-	-	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	-	-	-	-	-	-	-	-	-
Pil Phosphori et Ferri et Nuc. Vom. et Quinia,	-	-	-	-	-	-	-	-	-
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	-	-	-	-	-	-	-	-	-

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER &**  
Manufacturing Chemists,

No. 1228 Market St., Philadelphia.



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

For Official and other

Sugar Coated Pills.



## TO PHYSICIANS.

---

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with our directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

Special Business made to Order for 3000 or more Pills.

# WARNER & CO.'S SUGAR-COATED PILLS

[Extract from a letter.]

"MONTREAL, Dec.

"MESSRS. WM. R. WARNER & CO.

Gentlemen :

I shall have much pleasure in exhibiting your Pills to my classes, University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them to be the most elegant form of administering medicines whose doses are small, efficient and reliable. In conclusion, gentlemen, I must congratulate you on the attention to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D.,  
Professor Mat. Med. University of Bishops  
Lecturer on Chemistry, Botany and Materia Medica  
in the Quebec College of Pharmacy.

## SUGAR-COATED QUININE PILLS

*From the St. Louis Medical and Surgical Journal,  
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in a convenient form to be taken, reliable in quality and accurately divided in doses. Quinine gains much favor by the care and labor they bestow on the convenience of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines. Commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, and this can be determined by analytical tests, and by the careful observation of the effects. Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent fever, leave little room for deception. We procured a variety of W. R. WARNER & CO.'S quinine pills, and have prescribed them as opportunity offered with *satisfactory evidence of purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

"I take pleasure in testifying that W. R. WARNER & CO.'S quinine pills are exactly what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON,

"Detroit, Mich.

Analytical Chemist.

# THE ECLECTIC MEDICAL JOURNAL.

XXVI.

JULY, 1876.

No. 7.

## ORIGINAL COMMUNICATIONS.

*IV—Diseases of the Rectum.* By PROF. E. FREEMAN, M. D.  
(Read before the State Society, at Columbus, Ohio.)

FELLOWS—*Fellows of the Eclectic Medical Association of Ohio:*  
Engagements prevent my meeting with you this year at your annual convention. In lieu of it and according to my appointment I present a paper on diseases of the rectum; a part of the organism that is "set upon," too much indeed to result in the incubation of much new and rare, but on the contrary, a part out of which more common comes much that is common and unclean. It is too much sitting, torpidity of action and constipation resulting from it, that render that most common of all rectal diseases—hemorrhoids or piles: sitting at stool when there is constipation, or straining in lifting, or in defecation, or otherwise, causes a sudden partial arrest of venous flow from the heart, and over-distension of the veins at the margin of the rectum. This condition results more easily where there is a certain local disposition of tissues, or tendency inherited from ancestors. There is no doubt that much of the suffering from this cause might be avoided, by avoiding straining when it can be avoided, by relieving the bowels by the use of water with a proper syringe, and by the proper mixture of food with the finer articles of food. The presence of piles may be detected when there is no evidence of their appearance at any time, at the verge of the anus. There is a strong suspicion of their presence, if there should be annoying itching and irritation, without outward disease, around the anus. A swelled feeling as though there was matter within the sphincter which does not come away, and especially profuse bleeding after stool, creates a strong suspicion of the presence of piles. A thorough exploration of the extremity of the rectum—performed in all cases, especially in recent ones, and notably among women, will always be obtained—will of course determine accurately the nature of the disease.

**Remedies.**—In many recent cases the free use of water in the warm, tepid or cold—to keep the feces solvent, and reduce the bulk, and the removal of the heat, is sufficient to relieve. Tannic acid made into an ointment with enough lard or simple cerate, or, better, mild Zinc oxide, mixed with it, either with or without opium or morphine, is a very good remedy for recent piles, either internal or external. In the former, the bowel, within the sphincter, must be smeared with it; in the latter, it is applied to the tumors externally. The persulphate of iron is another very valuable remedy in some of the more chronic cases. The powder may be made into a paste as in the case of tannic acid, and applied to the tumors; or the solution (Monsel's) may be added to an equal part of tincture of opium (laudanum), and applied daily with a camel's hair pencil to the affected parts. This is effectual in my hands in relieving simple and even vascular cases. The pain of application is quite severe, and may need to be followed by bathings of warm water, or the application of the electric current. It would be useless to recapitulate all the various remedies that have been recommended or used for this condition from the ointment of Jamestown weed, to the macerated cigar stump plugged into the rectum, or even the carrying of the buckeye nut in the pantaloons pocket.

There are some cases, always, which have long been chronic, and resist all treatment. The enlargements, primarily soft and vascular, from interstitial deposits, become indurated and firm tumors. These tumors in most cases can only be got rid of by removal by operation. In some cases, internal piles may be cauterized with nitric acid; digitalis being used for protecting the neighboring parts. It can only be removed by using the speculum.

In operating, the rule should be observed of removing tumors with the ligature or *ecraseur*, to avoid the profuse, sometimes fatal hemorrhage that occurs as the sequel of operations with the knife. With the *ecraseur*, the crushing of the base of the tumor causes the vessels to close, thus avoiding hæmorrhage. The ligature is most useful for operating on internal piles, and bleeding is also avoided by the use of the *ecraseur* being, by the act, ligated. A strong ligature is tied tightly around the base of the tumor, so as to strangle it, by arresting the circulation; it dies and sloughs off, leaving an ulcerated surface to be healed. In the case of external piles, based piles often need to be perforated at the base and tied with ligatures in different directions.

External and intero-external piles may be excised with straight razors or scissors, which at the same time crush and cut. The bleeding is usually slight, as there are no large hæmorrhoidal sinuses opened. They may also be removed with the *ecraseur*, or with the ligature, yet by the former method much useless pain is inflicted.

Of internal remedies, those which keep up a most natural laxation of the bowels, without irritation and pain, or without draughts, are the best. I have found much good resulting from the use of the following: ext. *Juglans Cin.* one part, with fl. exts. *Collinsonia* and *Hamamelis* one-half part, and Glycerine two parts, a teaspoonful two and three times a day. The above formula was published in the *E. M. Journal*.

whom I do not remember. The *Juglans* alone might have an equally good effect. The confection of senna with sulphur has a reputation of old, as has sulphur and cream of tartar. The witch hazel (*Hammamelis*) is a valuable agent in these hemorrhoidal troubles; frequently the leaves softened and applied will cure of themselves, and the internal application of the fl. ext. or tincture is beneficial.

Hæmorrhoids and fissure are diseases which may be treated by injections of carbolic acid with borax or salicylic acid with borax—properly diluted with water and glycerine—and the use afterward of oil to protect the parts. Either of the diseases may need cauterization with nitrate of silver or nitric acid, using the speculum. After the application the parts should be washed off with cotton dipped in water, and then smeared with vasoline or oil. When situated in the grasp of the external sphincter, it sometimes requires an incision extending through the mucous membrane, entering a part of the fibres of the muscle, as a curative measure.

Fistula usually requires operative interference to sever the septum. It intervenes between it and the rectum, in order to accomplish a cure. There are few exceptions to this rule either in the external, internal, or complete forms of the disease. The low-organized tissue that constitutes what is called the callous pipe of the fistula must also be destroyed, or a cure may not be obtained.

When the internal opening is just within the edge of the anus, and not far from it, it is safe to pass a flexible grooved director through until it meets the internal opening in the bowel, and bending it and withdrawing the finger with the director until the end appears at the anus, sever the part with the scissors upon the director, laying open the fistulous tube. Its walls may be cauterized. Where the internal opening is higher up, the treatment with the ligature is safest, as it avoids the danger of severe hæmorrhage. The bent probe should be drawn through, holding in its eye a ligature of silk (doubled and twisted), which should be tied, loosely at first, and then tightened. It should be re-tightened every two or three days, when an opportunity may be used to slip the ligature along, it having been previously covered with pulverized sulphate of zinc, or other caustic, for the purpose of thoroughly destroying the indurated fistulous tube. Poultices of *Urtica* fulva, and daily injections of a solution, strong or mild, of the carbonate of potassa, gradually overcome the induration, and materially facilitate recovery.

When the ligature has nearly cut its way out, the remaining portion may be removed by the bistoury or scissors, for by that time all hæmorrhoidal tissue included in the ligature have become closed, and no bleeding need be feared. In the final healing of the fissure produced, the frequent application of lunar caustic, or nitric acid, seem to urge the parts to a speedy healing.

Internal and external incomplete fistulæ must be made complete, by passing the probe into the fistula and cutting upon its extremity, through the wall of the bowel, in the latter case, by using a speculum; or in the former case, by passing into the pipe a bent probe, with the speculum in the rectum, or the finger in the bowel, guiding the probe to the opening of the fistula. In this case the integument has to be cut through, and the

ligature inserted as before; or, if best, the whole septum cut through the bistoury.

The internal treatment should be directed to establishing the health, and correcting any dyscrasie; and the bowel should be in a soluble condition,

Abscess in the ischio-rectal fossa usually results in fistula, if not proper care used to see that it is properly treated, or that before it burrows too largely in the loose tissue around the external rectum. Such large abscesses, that are left to open themselves, are very liable to result in fistulæ. When complicated with any disease as syphilis, there may be extensive sloughing, so as even to expose the surface of the rectum.

The treatment must be prompt. Incisions must be made deep into the parts, so as to free the pent up pus, and save the other tissues from gangrene. Thorough injections of antiseptic and disinfecting lotions as sulphate of zinc, and salicylic acid or carbolic acid, with poultice applied externally, will be needed to arrest extension of the disease. If the skin have sloughed, stronger cauterizing with chloride of zinc, or nitric acid may be needed, although sulphate of zinc is all that is needed. The application of the latter remedy in powder, or by the spoon of the director is most effectual in arresting the sloughing. I succeeded with it in arresting extensive sloughing, including the anus, the result of extensive abscess in the ischio-rectal fossa which had run to gangrene before I was called in to see the case. The sloughing extended all around the bowel. Much more might have been said about this, and other diseases of the rectum, which are less common than those which I have here considered. But I will not take up your time simply recapitulating what is taught in the books about them. The most important diseases like the various forms of cancer, are, from their local nature, the nature of the disease, usually incurable.

Stricture, not depending upon a malignant disease, is usually curable by dilatation associated with other measures that suggest themselves to the physician and surgeon. It must be borne in mind, that many of the rectal troubles are the result of diseased conditions of the neighboring pelvic viscera, and may be only a sympathetic condition, or may be a true disease. It may also be the concomitant of other diseased conditions existing higher up in the intestinal canal. It is not always the duty of life to procure a daily evacuation of the bowels. Many persons are better off to let the bowels move when they will, providing they are not by their habits and manner of living, discourage this natural action. It is much better than daily straining to accomplish but little. Many persons receive from his ancestors certain tendencies of body, which under favorable conditions, have their full development. Some have a tendency to disease of one part, or another. It is only by the greatest care that this tendency can be modified or arrested, and by no means always can it be done. Such may run quickly into disease. Others, having a tendency, may by carelessness in living develop disease. Therefore that we owe to ourselves and to our children, to take care of our bodies as we would a choice and rare jewel, or as we would the most

f mechanism which would become easily deranged. It is more  
ly our duty to do so, and to teach our children how to do so, for  
appiness depends upon it, as we are liable to transmit our defects  
offspring, and they to theirs until the remote effect is perpetuated  
ace.

V.—*Grindelia Squarrosa.* By J. H. BUNDY, M. D., Colusa,  
ifornia.

*Grindelia Squarrosa* is, so far as I know, indigenous to California,  
never been brought to the notice of the medical profession as a  
of medicinal value. My attention was called to it about eight  
since, at which time I gathered a handful, and when carefully  
prepared a tincture, using eight ounces to the pint of alcohol 78°, by  
tion. The great aroma of the plant, and the amount of gum and  
it seemed to contain, led me to test it, as it seemed to me the plant  
e of some value. At the time of my test, I did not know what the  
as, and sent specimens to New York and Philadelphia, where its  
al name was determined. It grows in the valleys of our State, and  
ne hills like the *Grindelia Robusta*. It is a perennial, growing from  
three feet high, and deciduous. It blooms about the first of May  
continues in bloom for months, and in the fall becomes very rich with  
a-like resin it contains.

test I have spoken of, was one to decide its physiological action  
the human economy; and selecting myself as the subject, I com-  
at seven o'clock in the evening by taking one teaspoonful of the  
I had prepared. In half an hour took another, at which time I  
o feel a terrible fullness in my head as though I had taken ten or  
ains of Quinine. This continued for about ten or fifteen minutes,  
was taken with a pain in my left eye, and the right knee joint, pre-  
like acute rheumatism. The pain in my knee did not last more  
half hour. And at this time I took the third teaspoonful, (my  
gging me not to take any more, that I would get poisoned.) The  
my eye became the most intense that can be imagined, the pupil  
ng dilated largely, and strange to say it was two hours before the  
re became affected, but when it did my misery was only doubled.  
time the right eye became affected I was taken with an unbearable  
the entire region of the liver and spleen, and so severe was it that  
not lie still one moment, and the soreness in the region of the  
as like nothing to which I can compare it, except that of acute  
tism. With a towel tied tight around my head, and hot applica-  
ver liver and spleen, declaring that I had inflammation of the brain  
the liver and spleen, did I pass the most terrible night of my life,  
wife hoped it would be my last experiment in testing drugs.  
pain of the eyes was in the *eyeballs* and ran directly back to the  
nd to turn or move them was torturing. In fact the pain produced  
drug, wherever it occurred, was like that of rheumatism—pain  
soreness. The conjunctiva was remarkably injected, and the eyes  
ed the appearance noticed in congestion of the brain. In the morn-  
ent for my partner who visited me. I told him my experiment with

the drug, and he gave me camphorated tinct. opii in 3i doses, few hours I fell asleep. The pain in my eyes, together with the lasted me three days, which time I was in bed, and I took good none of my patrons should know how I became sick. I have given a full representation of the action of this drug upon the economy, will give a list of cases treated by it, and the success.

The action of the drug on the nervous system is remarkable. When given in full doses, acts upon or influences the optic nerve—little time it just as surely influences the par vagum; and to the extent that it seems to interrupt respiration. The interruption of respiration in my own case was so great as to prevent sleep, even if the pain was prevented. The moment I would fall asleep, the respiratory action would cease, and it would not be resumed until awakened by the action that resulted from the suspension of respiration. Now a remedy will so remarkably influence individual organs or parts in health must have an influence in disease. The first case that came for me after my own illness, was a young man, who had been suffering with chills for five or six months, and who presented an anemic and cachectic appearance, spleen much enlarged, with pain in both sides, region of the stomach and spleen. I gave him R Quin. sul. 3ss; elix. tarax. co. 3i. one-third every morning. R tinct. grindelia squar. 3ii; ferri syr. simp. 3ii. M. One teaspoonful four times daily.

The quinine broke the paroxysms and the grindelia worked most ingeniously on the spleen. The patient got his prescription filled the first time and was well. Very good. Now I said to my partner we have a most valuable remedy for the spleen, and accordingly we have become famous for splenic diseases, and have become perfectly satisfied as to its mode of action on this organ. I had used considerable of the polygalin, in hypertrophy of the spleen, and it is a good remedy, but it is not so good a drug as the grindelia squarrosa, and is not as prompt in its action. Grindelia is bound to be introduced to the profession, and when practitioners have once used it in hypertrophy of the spleen, they can doubt the efficiency of drugs that will influence the spleen. In chronic coughs, especially irritable coughs, in combination with aconite, digitalis, hyoscyamus, and opium, it acts nicely. Where there is nervous excitement it acts much more promptly than any preparation of valerian or hyoscyamus that I ever used. From its action on the nervous system, there is a class of diseases belonging to that organ that it is of great value in, though I have had no opportunity of testing it in that direction. Living as I do, in a malarial region—the spleen has a good opportunity, and in that direction I have faithfully proven its efficiency, and more than twenty cases testify to its great value.

Not long since I met a Spaniard, and calling his attention to the fact that they called it ager weed (ague) and that it would keep off any kind of fever, if you would only make a little tea and drink of it, and that they had used it for years for that purpose. I am constantly using it, and will write further on the subject at another time. I had concluded to send out half pound packages by mail to those who would send just a penny in prepay postage—until I had distributed one or two hundred pounds.

not have it on hand, and going to start for the Centennial the first, would be too much trouble. Those who desire to try the drug can be supplied by Messrs Parke, Davis & Co., Detroit, Mich., as I have made arrangements with that house, and they will be supplied with a good, fresh and genuine article of the drug.

I am to meet with very many physicians this summer, and have the opportunity of exchanging thoughts and ideas on the testing of drugs. Pennsylvania is bountiful in this line, and in time will open up a large list of most valuable drugs. I had neglected to state the dose of the medicine. One half teaspoonful of the tincture made as above directed is sufficient for the adult. Do not give too much as its effect upon the head is very insupportable, and I do not think it influences the spleen as satisfactorily as smaller doses. Whoever uses once, will not be without it, and any further use that may come to our knowledge of this valuable remedy, I shall be backward about publishing.

---

*VII.—Paracentesis Abdominis.* By Prof. A. J. Howe, M. D. Cincinnati Ohio.

The accumulation of dropsical fluid in the abdominal cavity, is called ascites, and the contents of an ovarian cyst may have to be evacuated by means of a canula; and when such an operation has to be performed, it is called paracentesis. Although the morbid condition which calls for the operation may be grave in character, the operative procedure is one of the least dangerous in surgery.

Ascites and ovarian cysts constitute the chief calls for paracentesis. In addition to these, there are other diseases of the abdominal viscera which may be relieved by the repeated use of the trocar and canula. Cystic diseases of hydatid nature, springing from the liver, spleen, and other viscera, require repeated tapplings. I once treated a case of hydatid disease of the abdomen in connection with Dr. Locke, of Newport, Ky; during a period of two years we tapped the abdominal cavity of a woman sixteen times, at intervals of two months the first year, and every four or five weeks during the last part of the period. From five to six millions of aropy serum, brown in color, were drawn off at each tapping.

The patient was able to keep up and about all the time except when the abdomen became enormously distended. None of the operative tapplings kept the woman in bed a day, and often not an hour. There was no pain connected with the tapping, except that created by the puncture, which was momentary.

Although the woman died rather suddenly; and an autopsy revealed that the large hydatid cyst had been the subject of so many tapplings; and that thousands of other cysts existed, varying in size from the smallest conglomerate globule to tumors as large as a cocoanut. These hydatid cysts contained fluid, but of varying consistence—from the limpid liquid to a mass as dense as the crystalline lens. The cysts studded the peritoneum of the abdominal cavity, and the peritoneal investment of the liver. Death seemingly occurred from a cyst near the liver, suppurating and bursting.

It was a noticeable feature of the cyst which was so frequent, that the contents grew more and more dense, so that, to last, a larger instrument had to be employed to facilitate the exit. A small canula would not give exit to such a dense andropy mass.

It is popularly believed that tapping is soon followed by a fatal result; consequently the operation is often opposed until the patient can breathe, and until the genitals become distorted with infiltration. The integument of the legs bursts and establishes a drainage.

Ascites is not regarded as in itself a disease, but the sequence of derangement of the heart, or functional disorder of the liver. Anæmia, from any cause, is often attended with an escape of portions of the blood into the cellular spaces of the body, the dependent parts becoming first filled. As these morbid conditions are often fatal sooner or later, even though the dropsical state may be rarely removed, the people look upon tapping as in some way connected with the fatal termination. On the other hand, tapping always relieves the over-burdened functions, and thus prepares the way for a cure in the more favorable cases. After performing paracentesis, I advise the use of opocynum, cactus, and other cardiac remedies, when the dropsy is upon heart-disease; and sulphur and cream of tartar, with an occasional dose of podophyllin, when the serous accumulation springs from derangement of the liver and constipation; and a variety of diuretics when the dropsy seems to rise from inactive kidneys.

If the dropsical accumulation manifest itself in the scrotum, relief may be obtained by puncturing the distended tissue. When the skin of the legs be stretched to bursting, the integument may be punctured in places, just to establish drainage.

At length, after the abdomen attains such enormous proportions that the patient cannot rest, nor enjoy a moment's ease—distressing symptoms attending every breath, and every minute; and every remedy tried for relief has been tried in vain, and the patient is convinced that nothing but an operative procedure will afford comfort and prolong life, the operation of paracentesis abdominis may be performed. The only special preparation required is a moderate sized trocar and canula, the former being the point to do the puncturing, and the latter is a tube to draw off the fluid after the trocar is withdrawn.

The patient, after swallowing a glass of wine or a stimulant of any kind, may sit in a chair or recline upon the edge of a bed or sofa in such an attitude that the flowing fluid may be caught in a bowl. It is well to arrange a wide and long bandage around the body, the ends passing each other in the back after the middle has covered the abdomen. These ends are to be pulled upon by assistants while the abdominal fluid is being withdrawn under the evacuating influence of the canula. If no external compressing agency be used, an uncomfortable feeling arises from the sudden withdrawal of an accustomed pressure. The artificial support may be worn for a number of days; and gradually loosened as the fluid accumulates.

After the place of puncture has been selected, which is usually the median line of the abdomen, about three inches below the umbilicus,

which is not easy to be punctured with a blunt instrument, may be with a knife, and then the trocar is to be carried the rest of the way through the walls of the belly, with a moderately quick bounce, the point being directed upwards as well as backwards. The inexperienced operator is to bear in mind that the fluid accumulation is in front, and the intestines are held back by the mesentery to the vertebral column. To be sure a floating fold of intestine may come pretty well forward, yet one must be careful in the way of the trocar.

The linea alba is selected for puncture because no important nerves and vessels are in the way of the puncturing instruments. When an ascitic or hydatid cyst is upon one side of the median line, and the puncture should correspond to the lateral location, the linea simularis is selected. The epigastric artery is not far from that line, yet the trocar would be likely to dodge so blunt an instrument as a trocar.



A point in the linea alba near the pubes should not be selected, as the patient might be in danger of being wounded, especially if full, as it should be when paracentesis is performed. When repeated tapplings are to be performed from time to time, a slight variation may be made from the original site, though there is no serious objection to a repetition of punctures at one spot.

During the time the ascitic or cystic fluid is being evacuated, it may be necessary to change the receiving vessels; and while this is being done the operator can place his finger over the external aperture of the canula, and stop the stream until a vessel is emptied or a new one supplied. There is no necessity for a piece of rubber tubing to carry the fluid from the canula to a receptacle; nor is there any special objection to such a connection. I prefer to use the bare canula, for in some instances a mass of coagulated lymph which has occluded the pipe, needs dislodging with a probe; unless the canula be large a probe or bougie may have to be used most constantly while the flaky fluid is flowing.

While the last of the liquid is escaping the compressing band does not exert enough pressure upon the abdominal walls to force out more than one quart or two, therefore the operator or an assistant should press the hands against the flanks of the patient, and thus endeavor to force the escape of what fluid can be readily made to discharge.

After a thorough evacuation, the canula is to be gently withdrawn, and a pledget of lint is to be placed upon the wound—over which are to be arranged transversely and obliquely, several strips of adhesive tape. These hold the lint in place and support the abdomen about the wound. In some instances the puncture will continue to discharge for several days, and thus lengthen the time for a repetition of the tapping, the patient is made wet and uncomfortable by the escaping fluid.

I have used a self-retaining drainage tube in the abdominal wall, after a trocar-puncture having been enlarged for the purpose,—and thus avoid a rapid accumulation in broken down subjects. Not unfrequently the patient will be met whose dropsical effusions are so profuse that it will be necessary to make incisions in the integument of the legs, punctures in the skin of the chest, and an abdominal drainage tube, to keep down the ascitic accumulation. There is no fear of peritoneal or cellular inflammation being excited by these drainage wounds. As soon as one set of incisions and punctures close, another should be established.

---

*Art. LVII.—Pulmonary Calculi.* By F. CORNWALL, M.D.

The "rural practitioner" does not have an opportunity to witness many of these cases every day, but by the laws of average, he must occasionally come in contact with the rarest forms of disease.

Fifteen months ago a patient of mine suffered from an attack of chronic inflammatory rheumatism, which had been induced by working in a wet field. Previous to this attack no disease of the kind had been experienced. Nine months ago he suffered from an attack of pneumonia, and when he was over with it, he began to expectorate calculous matter. All his other symptoms have now passed, yet calculous sputa is still thrown up.

The calculi are of the size of mustard seed, and run up to the size of grains of wheat. They are friable, irregular in form, and grayish in color. In fact, they seem to be calcareous tubercles.

The general health of the patient, so far as the other functions of the body are concerned, are normal, and a fair degree of flesh is maintained.

The calculi seem to come from the middle portion of the right lung. This is evidenced by the irritation in that region. Violent exercise brings on paroxysms of coughing, and occasional hemorrhage, but no serious condition follows these attacks. The patient says that he has coughed up half a teacup of calculous material.

I have hope that the patient may recover, inasmuch as writers on pulmonary diseases appear to regard the calcareous transformation of the lung as not unwelcome. Cases of cure have been reported, yet all in which the tuberculosis and calcareous change were quite circumscribed. When a great part of the lungs has been involved, the recoveries have been frequent.

French writer recommends the use of phosphate of lime in the treatment of tubercular phthisis in order to bring about a transformation of the case into cretaceous matter, which is less dangerous than ordinary case. I have not given my patient lime for any such purpose, but she has effected the transformation without help, as she would furnish her laboratories the calcareous matter needed to weld the fragments of the broken femur. It is to be hoped that I shall see other cases reported, and may throw light upon a pathological condition which appears so common. Having but one case I cannot experiment much, nor even enrich my observations by comparisons. If I could have a case of the kind three months I might in time write something interesting and, perhaps, valuable in regard to pulmonary concretions.

**LVIII.—Pumpkin Seeds for Tape Worm.** By G. D., Newtonville, Ind.

In the June No. E. M. Journal of last year, I gave an article on the use of pumpkin seeds as a remedy for tape worm. I have recently had occasion to give this remedy a more thorough trial—resulting in the expulsion of the entire worm in six hours after giving the dose. I was called in March to visit a delicate lad nine years old, who was known to have been infested with segments of which had been passing occasionally for some time. The symptoms as described in the May No. of the Journal by Prof. Freeman suited this case very well. After a thorough evacuation of the bowels from castor oil, and a fasting for thirty-six hours, I was ready to eat nearly anything I would give him. I pulverized six ounces pumpkin seeds, poured on boiling water, seasoned with salt, added some sweet milk (called it raw mush and milk) to induce him to eat it, which he did greedily. In two hours and a half I gave him an ounce of turpentine with twice as much castor oil, the whole being vomited immediately, together with the pumpkin seeds and milk. I supposed I had lost my golden opportunity, but in two hours longer I gave him half an ounce of castor oil, producing a discharge in one hour and a half, in which I expelled the entire worm, 18 feet long.

In this case it appears evident that the worm was expelled by the pumpkin seeds alone—none of the turpentine appearing in the evacuations of the bowels or kidneys. The boy is now becoming stout and healthy.

This remedy is pleasant and cheap (I have none to sell) and certain, and can be disguised by those who do not wish the family to know the remedy. In this connection I would suggest to J. U. Lloyd, to make a fluid extract and mark it "Cucurbita Pepo," the botanic name of the pumpkin, and let us try it. It is evident I used a great deal more than was necessary, as the worm was expelled notwithstanding the boy vomited so freely, apparently the whole of the dose coming up not long after taking it. The dose of a fl. ext. would therefore not be probably more than two drachms, perhaps repeated a few times, followed by castor

In my article of last June I made the inquiry why a person with tape worms eats so much. I would like if my old friend, Prof. Locke, would give his opinion.

**Art. LIX.—Sulphate of Cinchonidia.** By LA GRANGE SE  
M. D., Huntington, Ind.

In July or August last my attention was drawn, through Messrs & Weightman, to the sulphate of cinchonidia as a substitute for quinia. The claim was made that it possessed the tonic properties of the latter, and its use was attended with less cerebral disturbance. When the malarial season was then about setting in, I commenced its use in the mildest forms of quotidian fever; the result was so satisfactory that later in the season, diseases assumed the more serious form of tertian and remittent, I used the remedy for these with so much satisfaction that I now seldom use quinine for any of those diseases for which I formerly used it.

My visiting list shows, during this time, about five hundred malarial diseases, ranging from the mildest to the most serious. In these not more than three or four ounces of quinine have been used, and that because the druggist was out of the cinchonidia.

The cerebral disturbance is less than with quinine, and of shorter duration when it occurs, but the best evidence I have, aside from my own experience, that it is a powerful tonic, acting on the nervous system, is the effect it does produce, in large doses, a ringing of the ears, similar to that which I have tested this matter thoroughly on myself. In several patients, however, who possessed idiosyncrasies forbidding the use of quinine, I found the cinchonidia acting pleasantly. The dose necessary to produce a materially larger, although to render assurance doubly sure I used it in larger doses at first.

My manner of prescribing is by triturating thoroughly with sugar of hydrastis canadensis to color well; then divide fifteen grains into fifteen doses, commencing six or seven hours before time for chill or fever, giving a dose every hour and a half until the five are taken; then next day for paroxysm, and every four or five days after for a month. The object of the hydrastis is not to disguise, although it may answer the purpose, but to prevent nausea. I have always given quinia in the same manner, and it is rarely rejected.

The great advantage to the country practitioner, who must furnish his own drugs, is the cheapness of the article. While quinia costs 100 cents an ounce, cinchonidia is only 85 cents, retail. Since commencing its use I have purchased at least fifty ounces; this amount of quinia, which would cost \$125.00, the cinchonidia has cost \$42.50—a saving of \$82.50 worth looking after these hard times.

**Art. LX.—Hypophosphite of Olein and Glycerine.** By  
E. ASHMEAD, M. D., Philadelphia Pa.

This agent has been extensively tested by physicians in this country in various portions of the United States during the past year, and with a single exception very favorable reports have come from all who have used the genuine article, while disappointment has usually followed the use of oleo-phosphorus, which has been sold under the

phosphite of olein and glycerine. This will accord entirely with *a priori*, would have been anticipated when we look into the pathological consequences of tuberculosis, the relation of protogen of the brain to the affinity of the hypophosphite of olein and glycerine to phthisis. As early as 1857, Dr. Polk, who is well known as an accomplished chemist, inferred that in all those dying with tubercular consumption there was a deficiency of the principles of the hypophosphite of olein and glycerine. This led him to give the subject close study and to trace the connection between the consequence and the cause. He further found that the deficiency of this protogen existed in the anterior lobes of the cerebrum, imbecility accompanied it; if the deficiency existed in the posterior lobes, there was deficient muscular power; and if in the posterior part of the cerebrum, medulla oblongata, and the eighth pair of nerves, paralysis accompanied it. The inference he deduced from this is that the hypophosphite compound is the material medium in which the immaterial elements, mind and brain, force and life, are evolved, and that these are immediately dependent upon it for the display of their mysterious properties. That modification of this protogen in quantity and in chemical elements may modify intellectual, moral, and physical conditions, and become a material lesion in various diseases. He inferred that if the initial lesion existed in the aberration of this protogen—the remedy consisted in restoring the deficient elements to the system. In 1865, Prof. Liebreich, demonstrated the chemical and physiological character of protogen, and stated some of the ideas in this paper.

The tribasic hypophosphite of olein and glycerine was tested in many cases among those who had gone to Florida for their health, and very successful without decided advantage; it has, however, only been during the last year that Dr. Polk made known his discovery, though he first published the formula in the "Druggist's Circular" in March, 1875. Since then he has furnished specimens to many physicians in various portions of the United States, and the universal verdict is that it will in eight cases out of ten arrest the progress of tubercular consumption. If future experience corroborates the past, the discovery is of the utmost importance to the race. Perhaps those who have experimented with the compound are not too enthusiastic, but I think I can safely say it very far exceeds any other known agent in efficacy as a cure for phthisis. In justice to truth I am informed that the inventor does not rely upon it alone but combines it with cod liver oil, and gives with each tablespoonful of the mixture one ounce of the syrup of phosphate of iron, quinia, and strychnia; he also treats absorption of tubercular deposit by electricity; it may be argued that some show of justice that it is difficult to ascertain just how much is derived from one and how much from the other, yet one fact is demonstrated—the other agents, without this, do not produce anything like the same results which follow when it is given with them;—that with it tubercular consumption, progressive locomotor ataxia, impotency, softening of the brain, and certain forms of paralysis, are controlled to an important extent.

For the most virile power the medicine acts like a charm, and is entitled, therefore, to the highest confidence. An agent so valuable, as this appears

to be, should be prepared with the greatest care and skill—but nately the greed of gain has induced unscrupulous parties to label less compounds as if they contained hypophosphite of olein and The deception is, however, easy of detection. The genuine brown while the "phosphorated oil" is light colored, scarcely dark lard oil, and when heated, emits phosphorus fumes and odor, and descent in the dark—while the hypophosphite of olein and glycid acid reaction, reddens litmus blue, and is free from all tests for posed phosphorus. The formula now used by Dr. Polk is as follows:

R Phosphorus, ʒi.  
Pure lard oil, ʒxiii.  
Glycerine, ʒxi.  
Valentine's extract of beef, ʒxiii.

Dissolve the phosphorus in the lard oil, mix the glycerine and beef, and force perfectly dry oxygen into the solution, or until all phosphorus is transformed into the tribasic hypophosphite of olein and cerine.

To effect this, properly, requires a complicated apparatus for perfectly pure oxygen, and to force it into the solution; and this well requires much skill, care and experience.

In unexperienced hands it will produce a variety of compounds, much and too rapid introduction of oxygen will ignite the phosphorus rapidly and cause the solution to burst into a flame, or if it be too the proper transformation and yet not sufficient for ignition, phosphoric acid will be formed. While I believe it is advisable that physicians should manufacture this compound for themselves when they are sufficiently familiar with chemical manipulation to do so, I advise that it should be elaborated by a skilled pharmacist. Dr. Polk says the agent is made for two dollars a pound; yet when the beef-juice and the tincture of expense of making and handling the oxygen are considered, the compound is scarcely remunerative, and is less than one could afford to make a pound. I say in justice to myself that I am not in the least personally interested in the introduction and sale of the medicine, although commendation looks much as if I was. This is written entirely in the interests of "suffering humanity." (?)

#### Art. LXI.—Green Tinctures. By J. U. LLOYD, Cincinnati.

Water is abundantly distributed throughout the vegetable kingdom. Compared with the solid portions of succulent plants, it averages more than half their weight. Many plants are almost entirely made up of water, and even the solid, firm forest tree contains a large percentage of water. Every where throughout the animal and vegetable kingdoms we find water subserves an important part in nature's work. Life in its infinite variety of modifications is intimately connected with water. The absence of water portends the absence of life. The camel of the desert can abstain from its use a wonderful length of time, yet water it must have, or at last or die. The cactus plant on the parched up burning rocks of Mexico will live and thrive apparently without a drop of water.

ths; but this is only *apparently*, for the Creator has endowed this malformation of the vegetable kingdom with a gift withheld from more elegant relatives. God has given it the power of absorbing through the pores of its skin and, as its nature is to love heat, it lives best when the tropical sun shines hottest, for then it has warmth to drink most plentifully.

Air every where is laden with moisture. Heat does not dry the air; on the contrary, it increases its power for absorbing and retaining the vapor of water. During our hottest summer, when vegetation is parched and the air is laden with vapor, as is indicated by the heavy dew on the grass at night. The heat has wonderfully increased its affinity for moisture, and the insatiable thirst it eagerly sucks up every available drop of water. The water is all held in the air. A tumbler of cold water will lower the temperature, and the water from the air will condense in drops upon the inside of the glass—sweat we generally term it. But the cactus plant, by lowering the temperature of the atmosphere, will suck in this vapor and change it into water as easily as a water-plant which growing in a pond can absorb the water through its rootlets. "God wonders."

Even the cactus plant must have water; moisture is as necessary for its existence as to that of the water-plant. And if the cactus is placed in a perfectly dry atmosphere, it will wither away and die.

Water is an absolute necessity to the growth of all plants. Without it, even the smallest seed cannot germinate. The curious mushroom-fungus that springs up after sunset, arrives at maturity during the night, and decays with the rise of the morning sun; and the red microscopic plant of the arctic regions that comes over-spreads the snow in a few hours, until, instead of white, as the eye can reach, the entire surface of the snow appears blood-red. The hard horny seed of the South American forest that requires months soaking before it begins to sprout, depends, one and all, upon water for their vitalization. Each bud, leaf, branch and rootlet of every plant that exists upon the surface or under the surface of the earth, is dependent on water for its very birth, and during life, its chief nourishment must be drawn from the fountains of the great deep. Each component organic principle of every vegetable substance depends upon water for its maintenance. Without water, there could be no vegetation; without vegetation—admitting that animal life could exist—we could have none of our present organic medicines.

The foregoing remarks will perhaps impress upon our minds the intimate relation which exists, during life, between moisture and vegetable existence. Are these relations changed upon the death of the plant? In the early number of this Journal, I referred to the fact that water was necessary for the preservation of many delicate, organic combinations; and any process of drying that can separate the water from many of our plants, will destroy the principles upon which the plants are dependent for their therapeutical activities. We know that water is intimately connected with the creation of all the component parts of our plants, and hence will teach us that the dissolution of many of these bodies takes

place when the water upon which they are indebted for existence is moved. The article in the June number, before referred to, was almost exclusively to this question. And men that have carefully studied the subject, accompanying their investigations with practical experiments, will not differ with me. I pass on now to another point in regard to the subject of making tinctures from recent herbs.

If we gather a given amount of the leaves of some fresh plant, and allow them to remain exposed to the atmosphere a short time, and then weigh them, we will be found to have lost in weight. This discrepancy is mainly due to the evaporation of the water. The idea has been advanced, that in consequence of this fact, it is impossible to make tinctures from recent herbs with any degree of certainty; for, as the water is constantly evaporating with respect to the solid material, so of course the active principles of the plant must be continually deviating with regard to the weight of the plant. That the relative proportions of the medicinal principles of plants do constantly decrease and increase, I will admit. But there are more pertinent reasons than the evaporation of the water. The amount of the plant while growing, amount of rain, and season of year when it is gathered, will influence the medicinal properties of a tincture. The water which evaporates while the plant is being carried from the field or wood to the alcohol for tincturing, even though it is from the same locality to the city. Experience teaches us that alkaloids, glucosides, acids, essential oils, and, in fact, all the medicinal agents of plants continually deviate with respect to the solid and liquid portions of the plant. Scarcely two samples of opium assay the same amount of alkaloid. Calisaya barks run all the way from two and one-half per cent of alkaloid to absence of all quinine. Some beautiful looking bark is perfect, and other specimens, inferior in appearance, prove to be worthless. Remember we are referring to the dry barks now. Piperine from willow bark, beberin from hydrastis canadensis, and salicine from willow bark, the drug operated upon; to-day one percentage, to-morrow another. Simply because a wet season will make a difference in the relative proportions of the component principles of a plant. Because the amount of plant gathered, increases or decreases the medicinal principles. Because the therapeutic properties of all plants alter with the season. Because a few days frequently makes a wonderful difference in this regard. Because some of our plants are gathered in native localities and others in foreign. Because this lot comes from the mountain side, and that from the marsh and swamp. Because there are a thousand and one reasons why our dry plants deviating with respect to medicinal principles, do not more than counterbalances the loss of water that occurs when they are being carried from the field to the alcohol barrel. And a man who has made tinctures and fluid extracts his entire life-time, from the roots and barks that are upon the market, need not cry his eyes out because of the fact that a little water is lost by evaporation when a plant is picked from the ground, even though it is not immediately stuck into a barrel of alcohol; for this loss by evaporation is one of the smallest kind when placed along side of the foregoing facts.

During the operation of drying, and afterward—unless y

caus with a little chloroform—all roots, herbs and barks, are exposed to the attacks of insects, and this ravage of insectivore is liable to continue until the value of the drug is very much lessened, or even altogether destroyed. Compared with this, the loss by evaporation between the time the green plant is gathered, and when it is put into alcohol, is very small indeed.

Green plants are exposed to the influences of moisture and the atmosphere from the time they are gathered until used a constant change is going on, and although a plant may weigh as much twelve months after, as when first dried, this imperceptible decomposition may have resulted in the total destruction of the principles that originally gave it medicinal activity. Although it may not have lost in weight, it may be utterly worthless. I am sure there are many plants we can not preserve by tincturing while fresh, but I am equally certain a large quantity of water, in numbers of others, may be lost by evaporation; and the difference between this tincture and one that is made from the plant gathered will not amount to as much as that in tinctures made from plants that have been exposed different lengths of time to the destructive action of air and moisture.

Just remember that this world is not a world of chance; that every thing which is created and every thing which is destroyed is quickened and renewed, or blotted out, according to unchangeable laws. That from four elements, three of them gaseous and one solid, the Almighty has created the different varieties of the vegetable kingdom. How this is done it is beyond the power of our minds to discover. All attempts at investigation in this direction have resulted in utter failures. We know that a mustard seed and a grain of turnip seed will each produce a parsnip plant if the conditions for germination and growth are favorable. We can not tell. We know that conditions which favor the growth of one kind of plant will kill another. Shall we ask why? If we do, we will give our pains for our trouble. This seed will germinate in a situation that will decay that one. Experience has taught us the *fact*, investigation can not discover for us the reason. The laws of God are con- operating upon matter. They are facts; although incomprehensibility are positive—not suppositions, theories, but realities. Yesterday matter was dead; perhaps in the form of dust, it was carried upon winds from place to place; to-day it is quickened into life. The dry earth and the invisible winds of which it is the sport have united; in their union we have a leaf, a rootlet, a little flower or a firm staunch tree. Tomorrow day, and they are no more. The influence which caused the elements to unite, has departed. The leaf and the flower wither, the sap ceases to flow from the rootlet and ceases to circulate through the great strong trunk of the tree falls to pieces and decays. That which was taken from the earth is returned to whence it came. Once more the dust becomes dust, and is carried to the changing winds. Man can no more tell why the elements unite than he can explain why they again separate.

Experience has taught him that such is really the case; he must accept the realities of the work, and in doing so, he can not but realize his utter helplessness. The business of the pharmacist is a study of the handi-

work of the Almighty. He is constantly brought face to face with what he can not understand. Pharmacy is as much the study of nature as geology or astronomy. Pharmacists can not calculate. They are not to be trusted with intricate combinations of elements, and investigation alone will show them the properties of the bodies formed by these different combinations. Pharmacists must not attempt to theorize; only hard work and close application to the study of the materials they are handling can lead to a correct fit. It will not do to speculate upon tinctures even. Certain it is that it has become a custom to use dry plants for making tinctures, and this fact does not prove they are best adapted to the purpose. For many years, often, sometimes for centuries, the world has cherished delusions, and has last awakened and realized the mistake.

The U. S. Pharmacopœia does not recognize a single green tincture, although there is one article of the many used in making this kind of preparation, and that is better when recent than dried, that should be changed to a tincture. We want to know we to find if this is the case? Only by careful experiment can we be sure. Some influential man chances to doubt if they can be made with certainty because of the chances for the evaporation of a volatile oil. From fresh plants, we must not become alarmed, but remember that in every instance, experience only can demonstrate the facts. That a tincture from whatever source it may come, is of no weight. We want to know we must have light upon this subject, and the way to get light upon the facts of the green tincture business, is to put our own shoulder to the wheel and exert ourselves.

*Art. LXI.—Clinical Notes.* By W. M. INGALLS, M. D.

Was called to see Mr. S.—found him suffering with hemorrhoidal pain in bowels, with bloody discharges and tenesmus. Gave the following: R Aloes, 3d dil., gtt. xx; water  $\bar{\text{z}}$ iv. M. R Colocynthis, 3d dil., gtt. xx; water,  $\bar{\text{z}}$ iv. M. Alternate every half hour, two teaspoonful doses of each medicine. On the second day patient was able to work.

Was called to see the son of Mr. C, aged seven years. Has a bad habit of wetting his bed for several years, although taken to bed at night. The urine was strongly scented. I prescribed benzoic acid to correct this peculiar condition of urine in the following form: R Benzoic acid, 3d dil., gtt. xv; water,  $\bar{\text{z}}$ ij. M. Gave teaspoonful doses night and morning, which has nearly relieved the little lad. I have given this to other children the same symptoms being present—1 gr., water four ounces, to be taken three times a day, with relief of the patient.

For constipation I am using *nux vom.* 3d dil., with *hepar sulfuris* with good success. *Nux* 3d will relieve frontal headache, in four grain doses, very finely.

Mr. M. called on me for a prescription for chronic rheumatism of the hip. Was one of years' standing, affecting the back and knee joints. Prescribed the following: R Bryonia, 1st dec., gtt. x; water,  $\bar{\text{z}}$ iv. M. R Rhus tox., 3d dec., gtt. xxx; water  $\bar{\text{z}}$ iv. M. Gave two teaspoonful doses each twice per day, and in one week the man was entirely relieved.

It will be observed that the medicine given was in small doses, and yet sufficiently large to produce satisfactory results. The patient did not

the medication was not bulky, or even massive, but rather seemed at the idea the time had arrived when they could be relieved by pleasant and at the same time efficient.

called to Mr. P.—found he had had, before my arrival, copious discharges from bowels, frothy, with vomiting, which had prostrated the patient, and yet the difficulty continued. Gave the following: *R* Verat. gtt. iii; water, ℥ij. *M.* *R* Fld. ext. ipecac. gtt. ij; water ℥iii. *M.* Give every twenty minutes. This in one hour entirely checked the vomiting and purging, and the patient fell into a quiet sleep, and slept for several hours, and had no more stomach or bowel vexation.

---

## PERISCOPE.

*Contribution to the Study of Non-Cancerous Tumors of the Breast.* By DR. CHARLES MONOD.

Anatomical diagnosis of true cancer of the breast is seldom beset by difficulty. It appears most frequently, in fact, with characters very like those which it bears in every other region of the body; a framework, forming alveoli, in which are enclosed cells of variable size. Further, and upon this point we are wishful to insist, the constituent elements of the mammary gland, its *acini* and excretory ducts, are the same as before the development of the cancerous tissue.

Nevertheless, in certain cases, where the entire breast is not yet invaded by the pathological product, gland-tissue can be met with intact at the periphery of the tumor. With fortunate and sufficiently extensive sections, we perceive, in fact, at one end of the preparation, cancerous tissue, recognizable by the characters enumerated above; at the other, some gland-tissue of normal size and appearance. The neighboring tissue, and this the more as the seat of complete degeneration is approached, presents the appearance of a manifest alteration, in which the first stage is an abundant proliferation. Cell-elements appear on the field in increasing number. Here and there they form little groups, and are located between bundles of connective tissue, which seem to open out for their reception. Here evidently is seen the first stage of the alveolar formation of the tumor. These rudimentary alveoli may sometimes only contain one or two large cells.

As the invasion continuing its march of invasion, the cells continually increase in number and size, and the spaces which they occupy enlarge in proportion, and become more and more numerous. Little by little also the lobules, hitherto intact, disappear, obliterated as it were by the progress of the pathological process.

At the point is arrived at by degrees where the alveolar tissue of the tumor alone exists; the glandular tissue has entirely disappeared.

Very different is the physiognomy of the non-cancerous tumors of the breast. Here the gland-tissue persists, altered in form it is true, but yet still recognizable by means of the regular epithelial coat which lines the gland-spaces.

The persistence of the gland-tissue explains the confusion in which many authors have been led, and the numerous cases described under the title of adenomata of the breast. We shall endeavor to show that the characteristics of these tumors must be sought for, not in the glandular element, always more or less perverted, but in the intermediate tissue, and that the exact analysis of that tissue alone permits us to determine its nature with precision.

We are aware that this mode of meeting the question before us is new, and has been already partially set forth in previous publications. Recent discussions, however, having shown that it was far from being sufficiently known and popularized, we have thought that it might be useful to take advantage of our personal researches, in order to bring it once more into prominence.

Non-cancerous tumors of the breast, clinically very different from each other, present certain common anatomical characters which allow them, when being brought together, and show, on the other hand, importances which justify the recognition of a certain number of varieties among them. Their physical characters are very variable, and in no way place them in distinct categories. It will be sufficient to remember that they include the largest and the smallest breast-tumors; that their consistence, which generally reaches neither the softness of emphysema nor the hardness of scirrhus, may for the rest vary considerably; that their form is still less characteristic. Nevertheless, to the unitary character they all present one character in common, which has not escaped the observers.

The fundamental tissue of the tumor, even when it appears to be of homogeneous structure, is traversed by numerous clefts or rows: some scarcely appreciable by the unaided eye; others quite distinct, and admitting a probe easily; others again, still more considerable, opening out into actual cavities of a cystic appearance, and of an irregular or rounded form. It is usually easy to make out that these cavities communicate with each other here and there; others, on the contrary, are completely isolated. The largest often contain in their interior a small isolated projection in form like a mushroom, which seems to be developed at the expense of one of their walls. This projection itself presents a smooth or furrowed (*dechiquetee*) surface; it is subdivided into a group of lobes, and smaller and smaller lobules, which give it a cauliflower-like appearance. The tissue of which it is composed, appears on section of the tumor to be as the rest of the tumor. Frequently, however, it is of softer consistence, and may even, according to the variety to which it belongs, be of a more or less softening.

We shall see presently that this papillary appearance, which is not perceptible to the unaided eye when these vegetations have acquired a certain size, is found under the microscope throughout the whole of the tumor, at different stages of development, from the simple upraising of the tissue to the completely formed papilla.

It is fully proved at this day that these hollow spaces, whose existence had not been overlooked by those occupied with the study of the tumors, are no other than the gland-cavities of the breast, abnormal in size and position.

and altered in form by the pathological tissue which has arisen in the . . . They have been described by M. Ranvier, under the name of *kystes* . . . *aires*, to distinguish them from true cysts, such as may be met with . . . tumors of the breast.

these cavities present a perfectly smooth surface, which recalls in particular the appearance of an epithelial surface. It is easy, indeed, now that they are really covered by epithelium. For this purpose it is . . . ent, if the tumor has been recently removed, to let fall into the . . . of one of these cysts a solution of nitrate of silver 3 parts to the . . . when permeation has occurred, a thin fragment of the cyst-wall is . . . under the microscope, the section being parallel to the surface. . . epithelial layer is at once recognized, in all respects similar to that . . . the wall of a normal gland duct would furnish under similar circumstances. This epithelium is found also on examination of thin section under the microscope, made after hardening. These are the results . . . ed by this second mode of study, which we must now describe. . . ve no need to insist in this place upon the inadequacy of preparations obtained by the scraping of specimens in the recent state, or the . . . ng of small fragments torn from the surface of the tumor. By this . . . epithelial cells are easily obtained from the gland-ducts, often . . . ed indeed in a manner which gives a true cast of the culs-de-sac; and . . . thereby led quite naturally to make an anatomical diagnosis of a . . . lar tumor or adenoma. The elements of the intermediate tissue . . . en the culs-de-sac most frequently in fact are overlooked by that . . . of examination; either because being very firmly placed in the situation they occupy, they are less easy to remove by scraping; or because . . . less characteristic in form, they attract less attention.

examination of the liquid collected by means of scraping (and particularly that obtained from a fragment which has been in Miller's solution twenty-four hours) is not without its use. Only in that way can the . . . ts of the tumor be observed in a state of isolation, and accurate . . . be gained with regard to their form and size.

in order to form a complete anatomical diagnosis, the analysis must . . . ried further; it is not in reality the observation of the isolated elements of a tissue, but of their mutual arrangement, which will permit us . . . e to definite conclusions as to its nature. The examination of thin . . . as taken from a mass suitably hardened, and colored in the ordinary . . . ght then always to follow that of the tumor in its recent state. . . coloring similar preparations with picro-carminate of ammonia, an . . . ement at once strikes us which recalls and explains what had been . . . d during the examination of the tumor with the unaided eye. We . . . the first glance, with a low power, that the pathological tissue is . . . sed by numerous cavities or empty spaces, bordered by wavy lines . . . eep red color, contrasting by their staining with the surrounding . . .

With a higher power it is easy to note that these deeply colored . . . which form the borders of the hollow spaces in the tumor, are composed of prismatic epithelial cells, in regular rows and in a single layer. . . hollows and epithelial surfaces evidently correspond to the more or . . . tered glandular structure of the breast. It is indeed possible to

perceive by the side of hollow spaces of considerable diameter, is difficult to recognize the proper structure of the transformed true gland-tubes which have preserved their normal texture and shape, presenting themselves in the form of longer or shorter ducts without any appreciable cavity, owing to the exact apposition of their walls, and dividing several times at one end, recalling in short the form of a glandular canal leading to a vesicle (*acinus*.) At other times the tube-walls are separated from each other; they then appear either as more or less numerous papillæ, as if the surrounding tissue were forcing its way into their cavity.

Lastly, these glandular spaces have, further on, become quite effaceable; partly on account of the enormous dilatation they have undergone, and partly on account of the existence in their interior of products of gradually increasing size. The presence of epithelium above the spaces is the only point in common which unites them together, and allows of the diverse forms of the same lesion to be approximated.

Between these three every intermediate degree may be observed, forming one from another only in the greater or less dilatation of the spaces or the more or less considerable budding of the walls. This applies with differences of detail, may be found in tumors which, as we shall see immediately, are yet of an entirely different nature. Nevertheless, we may say in a general way, that the more rapid the development of the tumor has been, or the more remote the examination from its commencement, the fewer gland-tubes of nearly normal aspect will one find, the more considerable, on the contrary, will be the hollow spaces and the buds of the walls.

Finally—and this is the point upon which we are chiefly wishful to dwell—it follows from these facts that, as we have indicated above, it is not the glandular element that the distinctive characters of the different varieties of the breast ought to be looked for. These distinguishing characters can only be found in the stroma intervening between the gland-vesicles, in the dilated excretory ducts, in the tissue which constitutes the walls of the hollow spaces, or the buds which project into their interior. In the preparations we have examined, has appeared sometimes the characters of fibrous tissue, either completely formed or rudimentary, frequently young, and abundantly supplied with cell elements; sometimes presenting in every particular the characteristics of sarcomata and sarcomatous tissue when developed in any other part of the body.

We shall not insist upon the histological differences which separate these three varieties of pathological tissues. In certain cases some confusion may be experienced in distinguishing them one from another; in some, for example, a well-marked line of demarcation between fibrous tissue in course of development and true sarcomatous tissue; besides these forms will occur, in which there will be a mixture, often in unequal proportions, of sarcomatous and myxomatous places. The study of these questions belongs to the anatomical diagnosis of tumors in general.

The important point, if our way of understanding the mode of development of the tumors under consideration is correct, is that, each variety presenting a common point of structure—the alteration of the gland-

ch offering, on the contrary, a distinctive character—the mode of  
ution of their stroma, it is evidently according to the nature of this  
at they must be distinguished, and consequently named. In one  
they must be considered as *fibromata*, *sarcomata*, or *myxomata* of  
ast, and not as more or less altered *adenomata*.

ertheless it does not seem to us to follow from the facts we are here  
that the notion of a concomitant glandular hypertrophy must be  
her discarded. Increase in the number of the *acini* is possible, and  
robable. If on the one hand, indeed, the small proportion of the  
lar element of the breast in that of a young woman, who has had no  
n, and especially of one who has not suckled, be taken into account;  
the other hand, the large number of dilated and altered *acini* met  
little fibrous tumors of the breast, developed under the same cir-  
nces—one is forcibly led to admit that a process of hypertrophy in  
nd itself has accompanied the formation of the neoplastic tissue in  
ervening stroma. But, to repeat it once more, it is not in that  
on that the characteristic of the lesion must be looked for, because  
und with analogous characters in tumors of different kinds. In  
t of this view an argument may be adduced, already put forth by  
ornil et Ranvier in their "Manuel d'Histologie Pathologique," and  
from the examination of tumors of this kind, returning after  
l. The new tumor no longer contains gland-tissue; an evident  
hat, in the primitive tumor, the glandular hypertrophy constituted  
y accessory element.

um up, if it is sought to give an account of the mode of general  
ment of these tumors, it may be granted that there is formed in  
erlobular tissue, following the same machanism as in the connective  
ous tissue in any other part of the body, a neoplastic tissue, which  
s, according to the case, the characters of a fibroma, a sarcoma, or  
ma. At the same time, and probably on account of the irritation  
neighborhood, the *acini* of the gland hypertrophy, increase in num-  
d size; they are, so to speak, thrust into prominence (*etales*) and  
in form by the processes set agoing around them. The cavities  
by their walls constitute spaces perfectly available, where the  
formed tissue tends to develop at ease in the form of buds and  
e which project more and more into their interior. In this respect  
umors may be compared with those which develop in other cavities  
economy, and which generally show also a tendency to assume this  
g and papillary form. We know, indeed, the frequency of papil-  
owths in the bladder, in the rectum, in the mucous membrane of  
uth, tongue, larynx, &c. Here too the anatomical form is similar  
y case, as is indicated by the generic term *polypi*, under which the  
part of these cases have long been confounded. A more exact  
nation has since proved that, in cases of that kind, we may have to  
ith tumors essentially different the one from the other.

-cancerous tumors of the breast generally present themselves under  
ding forms. In the one, the tumor, generally small, is traversed by  
row clefts we have described, but of true cystic cavities it presents  
none: In that case it turns out generally a fibroma of the breast,

but occasionally also a sarcoma. This last fact explains the change of tumors apparently benign, their growth becoming sudden, and yet again their pretended cancerous transformation. In a cystic dilatations, often of considerable diameter, predominating (comedata); the tumor is usually large, it is accompanied soon by ulceration, or rather perforation of the skin, through which granulation appears. These two forms are referable to the fundamental type; they constitute a natural group of tumors for the anatomist and the clinical worker (*clinicien*) deserve to be distinguished from cancer. Attentive observation of the stroma will also be found being divided into a certain number of varieties, important to be distinguished from the double point of view of anatomical diagnosis and prognosis.

We have only had in view, in these observations, the papillary and the non-cancerous tumors of the breast, which are the most frequent. We know that they may assume another form, that of fibromata, and myxomata *en masse*. We have had no opportunity to observe them, and in regard to them we confine ourselves to this statement. —*Obstetrical Journal*.

---

#### *On the Value of Fluctuation as a Sign.* By T. H.

Fluctuation in surgical affections is a symptom so common that in many cases looked upon as pathognomonic of the presence of fluid, we have thought it might be interesting to consider its true value.

I suppose it has occurred to most surgeons to have passed over a swelling, feeling assured that fluid would exude, but have experienced perhaps chagrin, at the crucial test they had applied, forced to the conviction of an erroneous diagnosis.

I need hardly describe what fluctuation is; we all know that it is due to the incompressibility of fluid, and its commotion or movement in all directions upon the application of pressure. The movement felt depends upon many conditions, such as the nature of the fluid, and its quantity, the depth at which it lies, and the nature of its covering, the thickness, and the compressibility of the covering, and also the tension of the fluid in its sac. I need hardly say this, since it is evident that a fluid becoming nearly solid would evidently not even intimate this sensation as clear as a fluid, and inasmuch as the depth may vary from that of the skin to that of many inches in the human body, and the nature of the tissues covering it from cutaneous to osseous, it is evident that the symptom fluctuation must present various degrees of distinctness. Often the "tactus eruditus" will enable a surgeon to ascribe to fluctuation its true value. Various terms have been given to describe these differences of sensation, and doughiness is often described as varieties of fluctuation, and I think it is described, since, in very many cases, a sensation is perceived by touch which assures us of the presence of the fluid, which is widely different from the undulation or thud, which is the

of fluctuation, and which is so distinctly perceptible in thin-walled an cysts or in many cases of ascites. I shall not enter into the general consideration of how best to detect fluctuation, viz., by the gentle tap, gentler the better. I have often myself in large collections best felt by the wrist, placing this, say, on the distended belly, and gently tapping by one finger of the same hand; the impulse is, I think, better in this way than by applying the two hands, as usually directed. I mention also that when fluid is covered by œdematous superficial structures, the pressing out of the fluid in the areolar tissue will frequently make the fluctuation to be more clearly felt.

I may also allude to the sense of fluctuation which may, and sometimes only, be felt by one finger, as in post-pharyngeal abscess, or in retro-uterine hæmatocele or peri-uterine abscess, where the presence of fluid is frequently diagnosed with absolute certainty by a pushing or "prodding" action with one finger, but in certain cases we undoubtedly get fluid without being able to detect fluctuation as in hydroceles, where from frequent inflammation the tunica vaginalis has become much thickened, and in very tense hydroceles, where the coverings are still thin; in some also of pus firmly bound down by fascia it is extremely difficult to differentiate between solid and fluid, as in deep mammary abscess. But, on the one hand, it is often difficult to detect fluid when present, it is on the other hand, by no means uncommon for even experienced surgeons to come to the conclusion that fluid is present when it is not so. As an example, I may allude to the sense of fluctuation given by the pulpy degeneration of the synovial membrane in white swelling of the knee, and the prognosis of cysts in breast-tumors, where on section none are found to exist. But my clinical note to-day has reference to another cause of false or supposititious fluctuation. Let me relate a case.

A man was under my care for a severe injury to the left knee, and I was associated with me in the case a surgeon of the highest skill and reputation. The leg became gangrenous, and there was considerable necrosis of all the tissues of the thigh. My friend insisted that there was a large-seated pus, to which opinion I demurred on strong representation, and always a respect for the opinions of others; on the following day I passed into the most prominent and fluctuating part of the swelling a tenotomy knife, which I always carry in my case, made like a fine tenotomy knife, and which I am accustomed to say will go almost anywhere without hurting. I passed this to the bone with no result. My friend still insisted that there was a bag of pus, and that I had missed the sac, so I requested him to try his hand, and he made one or two incisions, with a similar knife; at last the man died, and dissection showed the absence of any collection of fluid, although the symptom "fluctuation" had been most distinctly felt.

In another case, a woman with a large prominent swelling below the ensiform cartilage, which she said was hydatid cyst, and which had been tapped by a metropolitan hospital surgeon, and fluid drawn out. This patient, who was seen by many skillful physicians and surgeons who I believe without exception came to the conclusion that there was a bag of fluid of some kind or other.

I passed an aspirator needle, and by that I mean that the aspirator used as an exhausted needle, the stop-cock connecting the aspirator and the needle being opened, directly the needle had penetrated the skin, insuring that a sac existing should not be entirely passed through, withstanding this, no fluid came. On another occasion I passed a trochar subsequently connected with the aspirator, the trochar penetrated  $1\frac{1}{2}$  inches, while on the former occasion the needle penetrated 3 inches and still no fluid came.

Now, there must be some peculiar or ill-understood or ill-regulated condition which led many skillful and careful men into error, and is constantly leading our students into similar mistakes.

I believe this false fluctuation to be generally due to the combination of two causes of error, one being muscular or glandular elasticity and the other being muscular or glandular displacement.

I think any one who tries the experiment will be surprised at the production of fluctuation which can be obtained by pressing alternately, endeavoring to find the sense of elasticity or fluctuation of an artery, a muscle across the direction of its fibres, say the biceps, or by simulating across the direction of the ducts, a firm and fairly large gland, as the mamma; either one of these two before-mentioned causes alone may mislead; I mean either the displacement of the gland or muscle, or the elasticity of the gland or muscle: but when you get combined the displacement and the elasticity, a supposititious fluctuation is felt so like the real fluctuation as to be almost if not quite undistinguishable from it. How, then, are we to be certain, especially in these positions, where either a muscle or a gland are liable to mislead us, that the fluctuation we feel is real fluctuation? By a very simple plan, which I have never known to be taught, which is not clearly enunciated to my knowledge in any of our texts, viz., by practising the manœuvre of palpation, not only across the direction of the muscular fibres or of the gland ducts, but also in a direction at right angles to this.

If the fluctuation be fluid it will be equally felt in all directions; if due to muscular or glandular elasticity or displacement, or both combined, it will be only felt in one direction, viz., across the muscular fibres or gland ducts.

Let me mention one more case. I have at present under treatment in the General Hospital a young man with hip disease. There was a barely recognizable pulsation behind the trochanter, and it was a question whether or no there was fluid. I diagnosed that there was. In this position you have the fibres of the gluteus running obliquely downwards and outwards, which will give the sensation of fluctuation, while beneath these are the gemelli pyramidalis tendon and quadratus femoris running from the greater trochanter to the lesser, so that it is necessary to palpate in at least three if not four positions to be quite sure that the fluctuation that is felt is not supposed. By practising this manœuvre I was able to satisfy myself and to make a positive diagnosis of the presence of fluid, a diagnosis that was confirmed by the use of the aspirator. I would just sum up my conclusion, that fluctuation of the most distinct kind may be caused either by the displacement of muscular fibres, or by the displacement of muscle: by the

placement of glandular tissue; that this only occurs in one direction, across the fibres of the muscle or the general direction of the gland, so that palpation at right angles to this will differentiate the false and the true fluctuation, inasmuch as false fluctuation is felt only in one direction, while true fluctuation is felt equally in all directions; that where the layers of muscles take different directions, care must be taken to palpate at right angles to each layer of muscles.—*British and Foreign Chirurgical Review*.

**Treatment of Hemorrhoids.** By JAMES R. LANE, Surgeon, St. Mary's Hospital.

The result of Mr. Smith's experience of 400 cases forms, without doubt, a valuable contribution to practical surgery; and when we learn that in this number he has only met with four deaths, it will, I trust, help to allay the vague apprehension which exists, even in the mind of the patient, respecting the risks attending operations for this disease. But, and, at the same time, that he has not yet succeeded in demonstrating the superiority of the clamp and cautery over the ligature; and I do so on the following grounds:—I have myself operated with the ligature, at St. Mark's Hospital and elsewhere, on more than 800 cases, with only four deaths; while Mr. Allingham, in his book published in 1871, states that he had then operated on 400 cases, without any death at all. With regard to pyæmia, no death from that cause has occurred in my experience. Mr. Allingham states that 3210 cases in St. Mark's Hospital have furnished a single example of it, though he refers to four cases arising from that cause in the practice of other surgeons after the operation with the clamp and cautery. I have no desire to maintain that the cautery possesses in this respect any peculiar advantage over the clamp, but I believe the tendency towards pyæmia will, in the long run, be found to be about equal in both; but the facts which I have stated effectually show the value of the peculiar immunity from pyæmia formerly claimed for the operation by Mr. Smith, and also of his recently expressed opinion that "the sealing up of the vessels produced by the hot iron is the very best safeguard against pyæmia we can have." I am quite at a loss to see how the vessels are more completely sealed up by cautery than by ligature; and if the argument is worth anything, the ligature ought to be superior to the cautery in surgical operations wherever practicable, in order to diminish the liability to pyæmic infection.

The most serious objection to the operation with the clamp is its liability to be followed by hemorrhage. Mr. Smith himself now candidly speaks of it as "the result against which the surgeon has most to guard, and for which he takes very great care it is an occurrence very likely to take place." He mentions cases in which it took place to a rather serious extent immediately after the operation, and others in which it occurred a few days afterwards, when the bowels were relieved. In the latter it probably arose from the vessels being re-opened in consequence of the sloughs detached or disturbed during the passage of the feces over the raw surface—an indication that they are not so efficiently closed by

cauterization as when they are securely embraced by a ligature. degree of hemorrhage seems to be not unfrequent, for we are "sometimes a good deal of blood is passed on the first action of the bowels, and on examination it is found that the greater part of the effusion consists of dark coagulated blood, which had evidently slowly passed into the bowel after the operation, and had remained there until the operation took place"—another indication that all the divided vessels were completely closed by the cauterization.

Were it not for the danger of hemorrhage there would probably be no choice between the two modes of operation; they are, in fact, different ways of doing the same thing. From what I have seen of both, I think them to be as nearly as possible equal, as regards the danger of hemorrhage, also as regards the ultimate result, the subsequent pain, and the time required for recovery; and I have seen nothing to justify the assertion that the method with the clamp is in any of these points superior to the cautery. But the danger of bleeding, which is confessedly a real one, is, in my opinion, on Mr. Smith's own showing, to justify the choice of the operation with the clamp in all cases where the disease is advanced, and large vessels are involved. One of the fatal cases recorded in his records is significant. It is that of an elderly gentleman with prolapsus. A very vigorous application of the cautery was made to arrest the bleeding, and the patient died on the fifth day from the operation. Mr. Smith does not doubt that the peritonitis was produced by the excessive employment of the cautery, and he thinks it possible that the cautery even have injured the peritoneum. Surely in any case where the chance of such severe cauterization being required, the operation with the ligature must be the safer of the two. I have myself never used the cautery, and I have never used it in the most extensive cases of disease, and I have never had occasion to repent having done so.—*Lancet*.

---

*The Treatment of Fistulous Sinuses by Means of the India-Rubber Ligature.*—By W. ALLINGHAM, Esq.

I am myself thoroughly convinced that there are decided advantages in the use of the india-rubber ligature over the knife in many surgical cases. I have the intention to-night to confine my remarks specially to the use of the ligature in sinuses; but I may mention that I have an experience of its use in sixty operations, the characters of which I will only mention briefly. I have used it in twenty-eight cases of fistula in ano at St. Mark's Hospital, and in private practice; five cases of hemorrhoids; two cases of sinus in the groin, one in the neck; two removals of scirrhus breasts; two removals of pedunculated tumors (one case of my own, the other Mr. Shillington's); I applied the ligature at my recommendation, and with my assistance, in two cases with excellent result; two cases of varicocele; two of varicose veins; division of the sphincter ani muscle, in case of great tenderness; hemorrhage; two cases of linear rectotomy; one naevus. In none of these cases has there been any serious "contretemps." I have only had one secondary abscess following the ligature. I have never had erysipelas, and the resulting wounds have been uniformly

Many of my cases at St. Mark's Hospital were treated when the patient was by no means in a good hygienic condition; but all my ligatures went on well, and generally were much healthier than the wounds in patients in adjoining beds that had been made with the knife. I constantly showed to gentlemen who accompanied me around the wards examples of ligature doing perfectly well, and my incision cases very much worse, although precisely the same after-treatment had been adopted—viz., the application of carbolized oil. Our resident surgeon, of course had the opportunity of watching the cases day by day throughout the treatment, often commented on how much better the ligatures did than the others. Here I must mention that I did unfavorable as compared with the ligature (three of my twenty-eight patients were decidedly phthisical), and when occasion presented, I had two patients whose cases were as much alike as possible, the patients being also near of an age, both healthy-looking, and as far as one could judge, both likely to do equally well. The result of this experiment was uniformly in favor of the ligature.

In nineteen ligature cases the average time in the hospital was twenty-four and a quarter days, while in nineteen selected incision cases (selected to be the very bad ones), the average time was thirty-five days.

One may state these probable advantages of the ligature over the knife in dealing with sinuses of an ordinary character:—

The operation is commonly painless, and the subsequent suffering, if any, is usually very slight.

The operation is bloodless.

There is great rapidity of cure.

The patient need not keep his bed, nor even his room, but may go out for fresh air, driving or walking in moderation.

The operation has a peculiar applicability to delicate patients, and those who have a general debility.

There is usually no anæsthetic required.

There is a minimum amount of suppuration.

One may add that the ligature is often very advantageous as a substitute for the knife.

I will make a few observations on each of these points, and relate some illustrative cases.

The operation, if it may be called so, is really painless, *i. e.*, no more pain is inflicted than that which is caused by the passage of a probe into a sinus; and this, performed skillfully and gently, ought to give no pain, unless the sinus be inflamed. Should the fistula be an incompleteness, a slight amount of pain may be experienced in rendering it complete. The tightening of the ligature patients never flinch at or com-

plaint after the operation is usually very slight. Many of my patients were really no suffering, and they slept soundly the first night. Others were disturbed at times during the night after the operation, but they were free of pain; others, delicate, excitable people, complained for two or three days; but persons behave so differently under pain that it is very difficult to speak positively on this point. The best proof

that the pain is but slight may be deduced from the fact that my patients have gone about their business, and not laid up a day. For example, a gentleman in a bank had three sinuses groin, the result of suppurating buboes of long standing; one around the thigh towards the perineum; the length of it was I put an elastic ligature through it one Saturday afternoon; he in the night, and more or less on Sunday; but on Monday he went to business, and continued daily to do so. The ligature cut its way in six days, and the wound looked splendidly healthy. Embolism succeeded, on the following Saturday I put two more ligatures through the other sinuses, and again on Monday he went to his office—in fact he kept his house on the two Saturdays and Sundays, and in ten days he was perfectly well. A case of fistula in ano was treated the same way under more unfavorable circumstances. A ward on Oct. 27, a delicate-looking man, had the ligature introduced on the left side. He went to work on Monday, and was occupied almost all day at his desk and walking about, but without any further rest, except that he was thoroughly cured in eighteen days.

My opinion is, founded on a fair number of cases, that absolute bed, or confinement to the room or house, is by no means a necessary course. I do not advocate much walking about or hard work, a theoretical as well as practical grounds, I should advise any patient to spare the time, or whose case is severe, to take all the rest he can get, in the hope of hastening the cure, and preventing any interference with the healing process, and also mitigating possible complications.

The operation is almost, and on some occasions quite, a bloodletting. This, of course, is of no moment whatever in simple cases, but the amount of blood lost in the use of the knife is next to none in cases of fistulous sinuses run very far up the bowel, and the parts are so tender, as they frequently are, both vascular and indurated, it is of great value, and is to be highly valued. I have with the elastic ligature drawn the rectum for six inches upwards, in a case of stricture and induration, where, from the induration and vascularity of the parts, venous bleeding would have inevitably followed the knife, and not a drop of blood was lost. Again, in cases of hemorrhagic tendency, the operation is highly useful.

---

### *Hypodermic Treatment of Enlarged Cervical Glands.*

DR. MORELL MACKENZIE.

Indolent glandular enlargements should be either cured radically or altogether untreated. Half measures only give rise to disfigurement and cause disfigurement. An enlarged gland may be a slight blotch when it has been blistered, poulticed, painted with iodine, incised, or subjected to any of the various modes of treatment recommended in the cases, it often becomes a deformity.

As a rule, parents and young ladies are very desirous to get rid of glandular swellings, not only on account of the disfigurement which they occasion, but because they are regarded as blots on the family escutcheon.

mes important, under these circumstances, not only to disperse the but to leave behind as slight traces of their previous condition as . For the last eighteen months I have been engaged in trying remedies, hypodermically, with a view of curing indolent glandulings. I have tried solutions of pepsine with and without dilute chloric acid, dilute hydrochloric acid alone, dilute acetic acid, tinctiodine, alcohol, solution of nitrate of silver, solution of chloride and several other remedies.

arrying out hypodermic treatment, the cure may be effected either lution or by destruction. In the former case absorption takes in the latter the injection is followed sooner or later by suppuration is desirable, if possible, to cure by resolution. I have found cid, as recommended by Dr. Broadbent for the treatment of cerds of cancer, the most useful remedy for this purpose. With this have treated twenty-seven cases; of these fifteen were completely y resolution, four were greatly benefited, in five suppuration took d three patients discontinued treatment without any decided effect been produced. I have used the ordinary dilute acetic acid of the Pharmacopœia, and have generally injected from five to twenty ccording to the size of the gland to be treated, seven or eight drops a average dose. The injection should not be made more than once

The fluid should be injected well into the middle of the gland, ation has generally resulted from the solution having been injected oo frequently or two superficially. If suppuration take place, the ould be drawn off with a hypodermic syringe or aspirator. The duration of treatment by resolution is three months.

treatment by destruction and suppuration, a solution of nitrate of answers best. The solution should be of the strength of one drachm ounce, and not more than three to five drops should be used. Conle interstitial destruction is generally produced after three or four ns, sometimes after a single injection. When pus forms, it should n off as already indicated. Treatment by destruction, if successrather more rapid than that by resolution, but induration of the ortion of the gland sometimes follows the treatment, and interferes a success. I have treated five cases in this way; in three of them e was complete, in two incomplete. The treatment by pepsine and ydrochloric acid was rapid, but was twice followed by superficial of the skin, and for that reason I abandoned it.—*Med. Times and*

---

*rs of the Lymphatic Glands.* By S. M. BRADLEY.

he recent Edinburgh meeting of the British Medical Association a f mine was read, in which I advocated the subcutaneous injection e in certain cases of lymphatic tumors, and as I have since then ed this method in several fresh cases, I have thought that a brief t of the mode of procedure might prove interesting.

first case in which I injected iodine into a tumor did not appear omising, though it proved perfectly successful. It was an encapsuumor, about the size of a large walnut, situated beneath the lower

jaw, which I should have removed with a scalpel, had I not once unpleasant hemorrhage in a precisely similar case; and as the present instance lived at some distance, I resolved to try absorption before resorting to extirpation. *The tumor almost disappeared with the first injection, and after one more it could not be at all felt.* I was pleased with the result, because it appeared to me to be safe to adopt such a plan at one's consulting-rooms, as in the out-patient department of the hospital, instead of using the knife, which is always unpalatable to the patient, and which is sometimes, in the most careful hands, followed by unfortunate results. Since the case I mention I have almost the daily habit of employing iodine in this manner, and I may venture to affirm that, by properly selecting cases, a success may be assured, while there is no doubt that an indiscriminate use of the remedy will be productive of disappointment. The best cases are those where a single cervical gland is hypertrophied in an otherwise healthy (adult) subject. Five or six injections of the simple tincture of iodine (five or ten minims at a time, according to the size of the tumor) at intervals of about four days, generally effect a cure. The earliest cases of strumous hypertrophies are also very successfully treated by this method, as are the small hard multiple lymphomata; but in the late stage of the strumous disease of the cervical glands, where the tumor is broken down into a mass of caseous matter, and the neighboring skin is blue and indurated, no good results follow from the injection of iodine; and in these cases are best treated by a careful excision of the diseased and degenerated glands. I have also recently employed iodine injections in a large and hard fibroid bronchocele, which had been treated unsuccessfully by the internal administration of the drug. The tumor was very inconvenient from its size, but had almost destroyed the voice by its pressure on the trachea as to deflect it to the right side of the neck. The case is still under treatment, but the first two injections of tincture of iodine were followed by the diminution of an inch in the girth of the neck. By parity of reasoning we may expect this method to prove serviceable in uterine myomata and allied growths, but it is to its value as a remedy in cases of lymphatic enlargement of the cervical glands, especially wish to call attention, and I may briefly summarize my views on this head by a tabular statement:—

1. *Cases of cervical tumors to be treated by injections of iodine.* (a.) True hypertrophies of the lymphatic glands without strumous matter. (b.) Strumous hypertrophies before breaking down. (c.) Hard lymphomata. (d.) Encapsulated cervical tumors, as a tentative operation.
2. *Cases of cervical tumors to be treated by incision.* (a.) Cervical glands which have broken down into pus, with or without previous treatment by injection.
3. *Cases of cervical tumors to be treated by excision.* (a.) Cervical glands infiltrated with caseous matter, which may be rocked upon a base of degenerated cellular tissue, with a margin of healthy unimpaired integument. (b.) Encapsulated tumors which have resisted treatment by injection.—*Lancet.*

## EDITORIAL.

*Acuity in Diagnosis.*

more we can simplify our diagnosis the better and more direct we make our prescriptions. We have already seen, in former numbers, the method of analysis was the one that gave the best results. We take a case before us, and separate the component elements of disease, regard each one separately, determining their relative position and value in the case. Many times we find a single one serving as the basis of a complex and severe disease. If we take it away the whole thing falls to the ground. Thus in many infantile fevers the wrong of the circulation is the basis, and using the proper sedative, the fever is rapidly cured. In many cases the wrong is especially of the nervous system, and removing it with belladonna, or rhus, as indicated, the disease passes away. We find the wrong is evidently of the blood, and we see a speedy mitigation of the symptoms and recovery by the use of such remedies as barytes sulphites, chlorate of potash, etc.

At first the method of diagnosis I advocate may seem complex, at first, but becomes simple and easy as it is practised; and the beauty of it is that the methods applicable to one case are applicable to all.

There is another point I wish to call attention to: most opposite symptoms of the body or the part will give rise to similar expressions of disease, especially so far as the ordinary symptoms are concerned, so that we cannot be guided in the selection of remedies by them. Our readers will recall that I have strongly insisted that the physician should make his diagnosis by the use of his senses, rather than from the history given by the patient and nurse—the patient's sensations being remarkably unre-

liable of the very first lessons in diagnosis, and one that I endeavor to teach my students with, is the determining whether the wrong of functional structure is due to an active or passive condition. I state emphatically that we may have the very same expressions of disease from the same cause—the other—at least so far as the sensations of the patient go—and the treatment of the one case will be just the opposite of the other. I will now give some examples of this:—

I will take *pain* as the first one. Here are two cases of headache—of excruciating pain. In the one the pulse is frequent and strong, the temperature increased, the face flushed, the eyes bright, the pupils dilated, and all the senses most acute. In the other the pulse is soft and feeble, the surface and extremities cool, the face pallid, the eyes dull and sunken, and the senses obtunded. In the first we give the right sedative with gelseminum, possibly a saline cathartic and diuretic, and it may be a cold pack. In the other we give stimulants, like sulphuric ether, ammonia, quinine, stimulant baths, and stimulants to the scalp. You have seen these, and probably have wondered why persons so unlike in appearance and general condition should complain of the very same pain. The majority of neuralgias must be classified in this way—even toothache.

If, for instance, we take facial neuralgia, we will find in one that

the suffering part is cold, pallid, and not sensitive to the touch; the other it is flushed, hot, sensitive. In the former, strong topically applied give relief, whilst in the other we obtain the same from sedatives.

Our patient, suffering from the acute fevers or inflammation of the country, becomes delirious, and we want to know not that it is that is plain enough—but what the delirium depends upon. In the one case we find a frequent, hard pulse, a high temperature, contracted pupils, a flushed face, bright eyes, hot head. In the other the face is dull, sunken, expressionless; extremities inclining to be cool, toes, nose, knee-caps, and ears. With such a diagnosis, need we not know the treatment for delirium?

Here are two cases of puerperal mania—a most unpleasant case for the family and physician. The one has had an abundant flow at the lochial discharge has been free, the physician has early given her a good tonic physic, there is abundant secretion of milk, and the patient upon “toast and tea” until her digestive organs have lost their power, she has lost her appetite. You examine her—pulse soft and full, face and extremities cool, tissues soft and relaxed, face pallid, and dull, tongue full, pallid, coated, pitting where it comes in contact with the teeth. This is the common case, and having it pointed out to you, would you need be told that stimulants, tonics, restorative food, with rest to body and mind, were the essentials to a good recovery, though directly opposed to the books and the common routine? Yet I have seen such patients bled, purged, sweated, blistered, and with tartar-emetic—and sent to a lunatic asylum or a grave-yard.

There is the opposite case, not so common, in which there is no excitement, increased temperature, flushed face, bright eyes, hot head. But when one has grasped these indications of cerebral excitement, treatment is at once suggested.

Here are two cases of acute rheumatism. In the one we find a frequent pulse, a high temperature, dry skin, scanty urine, flushed face, bright eyes, sensitive to light and sound. In the other the pulse is frequent but feeble, the skin relaxed, inclined to sweat, urine free but pale, face pallid, eyes dull and sunken. Yet they have the same pain—quite as much in the one as in the other.

If we examine the local affection, it presents quite a marked difference. In the one the part is tense, vividly red, elastic, hot, and exquisitely sensitive. In the other it is doughy, pallid or dull colored, temperature a little increased, and not sensitive to touch.

Evidently we must make this diagnosis if we are to expect a rational treatment; and yet we have persons who talk of rheumatism as if it were always of the same volume, always had the same conditions, and always cured by the same routine of treatment. They echo, parrot the patient thirty to forty drops of muriated tincture of iron every six hours, and paint the part with the same twice a day.”

I have called the attention of our readers to the necessity of a correct diagnosis in inflammation, and I think it a most important—yes, a most important point. We saw that there are two features in infla-

and determination of blood, active, and impairment of life with circulation. It is always essential to determine which of these operates; indeed we can not have a safe treatment without this.

### *Of the Causes of Rectal Disease.*

My recent experience has suggested that it is well to name a condition of the rectum and anus, that sometimes occasions much suffering, and leads to inflammation, fissure, fistulæ, and possibly other disease. I allude to a condition of the anus in which the mucous membrane is thrown in folds within the sphincter, and catches any hard debris of the feces, as of some fruits, the capsule of apple seeds, small bones, etc.

At my recent visit to Columbus to attend the State Society, I ate freely of blackberries for dessert at supper. I felt no inconvenience until the next morning, when I had very uneasy sensations in the rectum, suffering from acute hemorrhoids. This continued all day, with increased tenesmus, and I took medicine for hemorrhoids, but without effect. In the evening I concluded to make an examination of the rectum to find out the wrong; and failing to find a hemorrhoidal condition, I was at a loss to know what was the matter, as I could not recall that I had done any thing to give rise to the trouble. But presently the bringing out of a few of the hundred blackberry seeds explained the difficulty, which wholly disappeared after a free evacuation next morning.

Twelve years since I suffered very severely in a similar way for a week, the parts being considerably inflamed, and discharging mucus. When an examination detected an apple-seed capsule imbedded in these folds. Its removal gave prompt relief, but if it had been allowed to remain, it would probably have terminated in fistula.

In the case I found the patient suffering most acutely from what seemed to be hemorrhoids, and he was taking medicine for this, and making applications of "pile ointment." On making an examination I found an inflammation of the ischio-rectal cellular tissue, evidently going on to abscess. There was no sign of hemorrhoids, but as the patient complained of exquisite pain at one point just within the sphincter, I made an incision, and found a small spicula of bone, half an inch long, completely imbedded in the mucous membrane. This was the source of the trouble, and its removal, followed by rest, and the topical application of calomel, removed the inflammation.

In another case the patient was obliged to use the greatest care in her diet, from the tendency of any undigested food to lodge here, and produce inflammation. She had had such unpleasant experiences, that she was enabled to relieve herself with a cloth and her finger.

In one case of perineal abscess, I found the cause of the trouble—a fish-bone—in the discharge from the abscess when it was first opened. In this case a permanent fistula was avoided by prompt and judicious treatment with sesqui-carbonate of potash.

I do not know how common these cases are, but I think it worth while to draw attention to them, as the recognition of the cause of the trouble will prevent suffering and unpleasant after diseases.

***New Indigenous Remedies.***

Physicians in the country frequently learn the medicinal use of neighborhood plants, but can not ascertain their technical names, and describe them to others. There are many of these which might be valuable remedies, and it is to our interest that all the facts with respect to them should be known.

In any case of this kind, if a good specimen of the plant is sent whilst in flower, its root wrapped in moist moss or earth, and put in a small box, it can be safely sent by express. Mr. Lloyd has kindly consented to analyze all these for us, and give the botanical description and name. The parties sending must pay the expressage.

---

***Juglans Cinerea.***

Dr. F. M. Jasper states that he has for many years employed the bark of the "white walnut," in the treatment of scrofula and analogous diseases, and values the remedy higher than any of the alterative medicines in common use. He gathers the leaves when fully grown, dries them in the shade, and presses them for use during the year. Thus he has administered the remedy in infusion. It is a very simple remedy, and should be thoroughly tested. I believe in using such things, for whilst many do not come up to our anticipations, others, worthless, some prove of great value.

Dr. Jasper also uses the bark of the *Betula Lenta*, or mountain birch, in the treatment of chronic diarrhœa, and thinks it deserves more attention than it has received. It was employed in the chronic diarrhœa of the Mexican war with most satisfactory results, as well as in the diarrhœa of the late war.

---

***The Journal.***

Will the subscribers who find the *Centennial* attachment to the *Journal*, please forward the needful \$2, and feel happy all the rest of the year. We are always open to conviction, and never turn away a subscriber; indeed we rather like new subscribers, and continue to receive them more and more as we abide together.

---

***The Annual Announcement of the College.***

We will be glad to send the *Announcement* for the next session to all who feel interested; and will give any additional information to all parties writing. The present prospects are for a large class.

---

***Advertised Medicines and Dr. Ingalls.***

The reader will notice, by Dr. Ingall's reply in our last issue, that he still claims a considerable degree of *laxity* on the part of Eckstein, who excuses Dr. True, except as to the *ailanthus* trees, and probably the *Opuntia*, as he does not mean him; but Dr. Pruitt is still a *causam habere*. The reader will notice Dr. Pruitt's advertisement, which is quoted

he will see that reference is made to the pages of this Journal, the action of Uvedalia is fully described, and the indications for its use reasonably well pointed out.

"peculiar phrase, 'tallow-faced,' is very characteristic of a class of men in the south-west; 'enlarged liver and spleen' is quite common; 'bloated' is not elegant, but very expressive. On the whole, I think Dr. Pruitt has done remarkably well in his description, and has offered a most valuable remedy; and what seems to have escaped notice, he withdrew his advertisement in the Journal when druggists had refused themselves to supply the demand.

Druggists might have found a better field for criticism in the many pills circulated by physicians in the country, a specimen of which I sent in the last issue; and he might find another in the putting up of medicine by Dr. Jones' "Cough Mixture," Dr. Thorp's "Balsam of Life," Dr. "Uterine Renovator," etc. Something of this kind is going on. He might have trounced some doctors, and even professors, for empatent medicines, as "Scovill's Blood and Liver Syrup," etc. I mention a recent instance, which may serve as a text:—

"OFFICE OF THE ECLECTIC MEDICAL COLLEGE OF NEW YORK,  
March, 1876.

ES & Co.—GENTS: I have for more than one year used or prescribed daily in my practice your Liniment, with the very best results. I found it, as an application in inflammation of the lungs (pneumonia), a very efficacious remedy, one of the very best applications. It acts promptly, penetrates the tissues or parts so rapidly as to act as by magic. In cases of debility of the heart's action, depending on nervous irritation, nothing acts so quickly. After being well acquainted with the ingredients which enter into the combination of your Liniment, and seeing its action in so many cases, I do not hesitate to recommend the same to both the public and the profession. Yours truly,

"R. S. NEWTON, M. D., Professor of Surgery."

### *Can our People ever learn to exercise Common Sense?*

It has been said that Dr. Scudder was jealous, because he did not recognize Tom, Dick, and the D—l, when they dubbed themselves professors of the "Eclectic" colleges. It may be so, and if so, jealousy for a good thing, as it has kept me out of bad company. I have never recognized Buchanan and Paine, of Philadelphia, and some others, but it is not necessary now to name, and when these men are publishing quacks and impostors, please say, "I have never known them." Among the most arrant humbugs are these diploma sellers of Philadelphia, and I hope we have seen the last of them. I clip the following notice from the Philadelphia Times of June 8th, with regard to the disappearance of Buchanan:—

BUCHANAN'S DISAPPEARANCE.—No news of the Canny Scotch Fraud. The college on Pine street is defunct, if college it was that never was a college, but simply a means of swindling. Its head and front was one Dr. Buchanan, a manufacturer of sheepskins for apothecaries ambitious to add

an M. D. to their names, lazy wanderers from the wilds of Jerny, the frauds in Europe of the medical persuasion.

"Buchanan is a genius in his own line. Securing a lot of defunct charters he revived in the person of John Buchanan, M. D., etc., the American University of Medicine and Surgery at Philadelphia, the Pennsylvania University with a like tail of expletives at the Eclectic College, and everything that was lying loose in this sort of medical charters in Philadelphia. Then he advertised all over Europe and America that for the payment of so much—a thesis and a year's study—a diploma could be furnished those who fulfilled the conditions. The conditions never amounted to anything, except securing a sheepskin in a tin case, enough to enable the purchaser to dig a graveyard of his own. The rival schools of the Jefferson Medical University combined to expose the fraud, and a committee of the trustees was appointed to investigate the matter reported to that astute body the result of the repeal of only one of Buchanan's charters, and the election of Dr. Payne, running the Philadelphia College. The Legislature passed acts making these repeals, and the Pine street shop went on its number of letters that unfortunate, Mayor Stokely, has been inquired from all over the world, inquiring about the genuineness of the diplomas, passeth all understanding. Received over night at the morning, they for years have supplied columns of stuff to be smoothed of the smoothing Stokely afternoon type. But now all this is over.

"A Times reporter yesterday afternoon dropped into the Philadelphia College. The fraud has performed in an old-fashioned house. The cellar according to a sign, is devoted to dentistry. Above it, on the window-sill, is the name of John Buchanan, M. D. A membrane of the doctor—a little, fat man, broad of beam, with a fat face surrounded with whiskers close cut and a smooth countenance, unmarked by fifty years of time or care, and as seductive as a lawyer's parchment and as unwrinkled as a summer sea, invited the reporter in.

"A tall, red-haired Irishman, in a flannel shirt, informed the reporter that Dr. Buchanan would be in in fifteen minutes, and that meantime he spent in watching the growth of grass in Washington Square. The inquirer returned. A very little negro on this occasion was the keeper. 'Is the doctor in?' was asked. 'Yes, but he is engaged with a patient,' answered the infinitesimal son of Ham; 'take a seat in the big front parlor did the Times man rest his ever-wearied limbs. There he sat a waiting victim intensely interested in other people's lives. In the Centennial. He could talk of nothing else. On the wall were two vases and a terrestrial and a celestial globe, each of a healthy canteloupe. The old engraving of Washington's face and the generals decorated the eastern wall, flanked on both sides with photographs of respectable old women. The Centennial commissioner had flagged for a space in his speech, when a well-dressed woman came out of the entry, into which a door from the back first floor opened. Then one of the folding doors between the rooms opened, and a red-haired and blonde-moustached man, the worst imitation of I

tempted, appeared in the waiting room. 'Dr. Buchanan, I believe?' the Times man inquiringly. 'No sir,' was the reply, 'the doctor is' 'Will he be in this afternoon?' 'No, he has been sick—has been sick for three weeks.' 'When will he be in?' 'Not for months.' Then the reporter, satisfied from his information that the doctor had been content and left."

---

### *Chloral Hydrate.*

Chloral hydrate, which came into notice chiefly as a pain alleviator, or substitute for chloroform, is having its range of usefulness gradually extended. It is given with morphia, when it is desirable to relieve physical suffering, and it often exerts the happiest influence upon the maniacal patient. Combined with bromide of potassium, it is found by Prof. Locke to exert a sedative influence over nocturnal emissions. Chloral hydrate is now commonly employed as an antiseptic, to preserve animal tissues undergoing dissection. It is also used to remove the scurf of ulcers, and to allay irritation. A commendable quality of chloral is that it does not usually constipate the bowels, nor arrest the secretions, like opium. It is certainly a remedy that has come to stay.

---

### *Are any such thing as Metastasis?*

The transfer of the morbid action of mumps from the parotid glands to the testicles, and to the mammae in girls, constitutes one of those mysterious changes which has attained the technical name of metastasis—a term of Greek origin that signifies transposition. Similar changes of diseased position from one part of the organism to another, are familiar to the experienced physician, and they are said to be metastatic; but does the use of a classical phrase convey a clear idea of the *modus operandi* or *vera causa*? When it is difficult to explain the whys and wherefores of phenomena, are we not apt to employ brilliantly dazzling phrases in order to escape the awkwardness of confessing ignorance? However, "metastasis" was not invented for any sinister purpose, but was employed in a brief form what otherwise would require a long sentence. Transposition does often occur as a pathological phenomenon, no one will pretend to deny. I am acquainted with a woman who suffered for years with tetter on the hands, until, at length, she used some kind of remedy which seemed to overcome the eczematous manifestation; but no sooner were the hands well than she began to complain of a severe and constant pain in the right side, as if a pleurisy existed there. This disease was removed in a few months by the use of local irritants and systemics. However, the morbid monster was not overcome. As the pleuritic affection was subdued, great distress appeared in the right foot; and she complainingly said that this pedal suffering was more to endure than the ailment in other forms and places, for she said that the varied pathological phenomena all came from the same source. Finally, after ten years or more of painful annoyance, she established continued irritation in the lobes of her ears by wearing rough rings.

The tickling sensation provoked by the roughened ear-rings, seemed to divert the morbid action from more important parts, and to satisfy the disposition of the disease to manifest itself somewhere.

But this course of reasoning would seem to indicate that the advocate of any such doctrine must believe that disease is an entity or individualized something which might be likened to the evil spirit which, when driven out of man, could take up its abode in swine: and similar views which have few supporters at the present time.

When orchitis follows a suppressed urethral discharge, there is merely an extension of the morbid activity from one part of the genital apparatus to another; and such a transfer does not seem to be mysterious inasmuch as there is a continuity of structure from the meatus urinarius to the tubuli semeniferi. If the inflammatory action should extend gradually and continuously from the urethra to the epididymis or testicle, implicating every portion of the track on its way, there would be no occasion for calling it a metastatic action; but the leap is so considerable from the urethra to the testicle, and without impressing the vas deferens and other intervening parts, that some term seems to be needed which shall convey an idea of what has taken place.

When a child has a convulsion which arises from parasites in the intestinal canal, an irritation is started in the peripheral nerves which at length worries the nerve-centres into convulsive action. In such cases there is no such thing as metastasis, but irritation conveyed through continuity of structure. When erysipelas of the scalp becomes transferred to the meninges of the brain, the transfer is not metastatic, but by direct communication through the veins that extend from the pericranium to the inside of the skull.

If rheumatism that has been confined to the white tissues of the joints, becomes suddenly transposed to the heart, the communicating media are not traceable, yet there is reason to suppose that a similarity of the structures involved has much to do with the transfer. There is no direct connection between the parotid gland and the testicle; but the fact that mumps may become transferred from the parotid to the mammary glands in the female goes to prove that there is a sympathetic action existing between the salivary glands and the reproductive organs.

It was once customary to speak of purulent deposits found after death in aged subjects who have been suffering from ulcers or other suppurative diseases as metastatic abscesses; but it is now known that pus globules, as such, can neither be absorbed nor exuded. Pus developed inside of a vein in phlebitis may be carried to a distance, and lodge in capillaries, developing new disease when it has stranded, but it does not escape through the meshes of the vascular walls, and form a purulent deposit. The "secondary" abscess is not such in reality, but an accumulation of pus developed through morbid action—low grade of inflammation in a patient vitally depressed—pus was elaborated without a preliminary exhibition of pain, heat, redness, and swelling—the usual phenomena of inflammatory action.

The skin and mucous membranes of the body are so closely allied in structure and in function that morbid influences may impress either in

alternation without evidence of metastatic action, as that term is generally understood. Receding measles are often attended with a fearful diarrhoea: and certain medicines so impress the intestinal track that exantheas of some kind or another appear upon the skin. The lining of the respiratory passages is oftenest impressed when the skin meets with a pathological change. The recession of an eczematous eruption may be followed by an attack of asthma or kindred affection. However, it would not be proper to say that such a patient was suffering from metastatic asthma; or when the respiratory difficulty subsided, and the eruption re-appeared, that the sufferer had tetter by metastasis. In fact, it is questionable whether there is any such thing as metastasis. There is sympathy which comes from similarity of structure, and that which arises from functional relation; and these are about all the mysterious influences which bear upon the subject of morbid transposition.

Counter-irritation or derivative action is founded upon the presumption that metastatic action exists or can be produced. A blister is applied to the outside of the thorax in order that the artificially provoked disease may rob the internal and natural one of its powers. The moxa and the hot iron are both employed to establish a high grade of inflammatory action; and to divert nerve energy from the seat of the disease.

As the use of derivations is steadily declining, it is presumed that a belief in a metastatic force or action is losing ground.

H.

---

### *Indianapolis Review.*

In the June number of our Journal was a letter by W. C. C., in which it was announced that the *Review* was, on account of indisposition of the senior editor, in a moribund state. Since the letter was in print evidence has accumulated that the corpse is quite lively, and that the funeral has been indefinitely postponed.

---

### *Ohio State Eclectic Medical Association.*

About twenty-five members of the State Association met in the parlors of the American House, Columbus, Ohio, on the evening of May 16th, to transact some business preliminary to the general meeting, which had been set for ten o'clock, at the City Hall. The preliminary meeting was called to order by the President, S. H. Potter, M. D., of Hamilton. The Secretary being absent, J. L. Kirkpatrick, M. D., was elected Secretary *pro tem*.

It was decided that the Association should meet at 9 o'clock A. M., in the Council Chamber, instead of 10 o'clock, as before published. A motion was made that the meeting be held but one day, which was agreed to. The Association discussed the propriety of dropping from the roll the names of those members who failed to attend annually, or remit their dues to the Treasurer. A lengthy and spirited discussion followed respecting the best manner of securing equal rights as a school in the public institutions of the State, in which all the members took an active part, manifesting great interest in the subject. An interesting and animating discussion was then participated in by Drs. C. Markt, J. M. Scudder, H. Par-

ker, J. S. Watts, J. L. Kirkpatrick, James Anton, J. H. Crethers, W. H. Wagstaff, and others, respecting the best manner and means of instructing students in medical colleges, so as to make them thorough and competent practitioners when graduated.

The preliminary matters having been dispensed with, the Association adjourned to meet in the Council Chamber, at 9 o'clock next morning.

#### COUNCIL CHAMBER, May 17.

The Association was called to order by President S. H. Potter, of Hamilton. The meeting was opened in a very appropriate prayer by Rev. Dr. Moore, of the Second Presbyterian Church of Columbus. The minutes of the last meeting were then read by the Secretary, J. T. McLaughlin, M. D., of Springfield, and, on motion, were accepted.

The President then appointed a Committee on Nominations, consisting of Drs. C. Markt, H. Parker, O. E. Tillson, J. H. Crethers, and W. H. Wagstaff; also a Committee on Credentials, consisting of Drs. J. M. Scudder, W. Shepherd, J. S. Watts, J. L. Kirkpatrick, and C. B. White.

The Committee on Credentials reported as applicants for membership the names of Lafayette Kirkpatrick, M. D., of Elyria; Wm. Phillips, M. D., of Wellstown; H. DeCrow, M. D., of Utica; D. T. Jenkins, M. D., of Thurman; A. T. Ault, M. D., of Springfield; and C. B. White, M. D., of Salineville. Each was voted on separately, and all were accepted as members by the Association.

The Committee on Nominations reported the following named gentlemen to serve the Association for the ensuing year:—President, S. H. Potter, M. D., Hamilton; 1st Vice President, H. Parker, M. D., Berea; 2d Vice President, J. S. Watts, M. D., Xenia; 3d Vice President, J. C. Butcher, M. D., Urbana; Recording Secretary, J. T. McLaughlin, M. D., Springfield; Corresponding Secretary, O. E. Tillson, M. D., West Alexandria; Treasurer, James Anton, M. D., Lebanon.

On motion, the report was adopted, and the nominations declared elected.

The President then called for the reports of the Committees appointed by himself to prepare papers on special subjects..

Dr. H. Parker, on the part of the Committee on Theory and Practice, read a very interesting paper on the general subject, which drew forth remarks of commendation from a number of the members.

The Committee on the subject of Surgical Diseases reported through Dr. Ed. Freeman.

On Diseases of Children, the Committee reported, through Dr. J. S. Watts, a paper, which drew some remarks from the members, and was highly approved by the Association.

On the subject of Diseases of the Skin, the Committee reported a paper through Dr. D. Williams, which was highly interesting, and dwelt at length on the uses of phytolacca, sulphuric acid and per chloride of mercury in diseases of the skin.

On the subject of Pharmaceutical Chemistry, the Committee reported a paper of much thought through J. U. Lloyd, read by Dr. J. M. Scudder, who, after reading, proceeded to speak of the absolute importance of gathering medicinal herbs in the right season of the year, and preserving them in dilute alcohol, as a means of getting good and reliable medicines.

Dr. J. S. Watts made some remarks respecting his experience in the use of worthless and reliable medicines, which attracted close attention from all the members.

Dr. James Anton read a very interesting paper on Mental Influence as a remedial agent. The paper was discussed at length by the different members, as to what extent the imagination affected the system. Dr. J. S. Watts, in his remarks on the subject, tried to show the influence of one mind over another; the influence the physician has over his patient results either for good or bad. Dr. J. M. Scudder argued in opposition to the theory of the paper, declaring that he preferred to treat children too young to be influenced by the mind of any one, ten to one adult; also that medicines act as well on animals as on human beings, and that many patients will recover without medicine or imagination, and finally all those with acute diseases have a tendency to recover without the aid of medicine. Dr. Anton, in the course of his reply, said he thought the minds of very young children were capable of being influenced.

Dr. O. E. Newton presented a paper on the Treatment of Surgical Diseases.

The further reading and discussion of papers being dispensed with, Dr. Parker moved that it be understood that the Ohio State Eclectic Medical Association will always hold their meetings in Columbus. Carried.

Dr. Scudder moved that an Auditing Committee be appointed to investigate the accounts of the Treasurer, which was agreed to, and Drs. Markt and Parker were appointed such committee.

By consent, all papers read were referred to the Committee on Publication. On motion, adjourned to meet at 2 P. M.

#### AFTERNOON SESSION.

The Association convened pursuant to adjournment. The Auditing Committee reported that they had examined the accounts of the Treasurer, and found the amount of money in his hands to be \$166.46; bills due amounting to \$50.95; leaving a balance in the treasury of \$115.51.

The following resolution was offered by Dr. Wagstaff, which was received and adopted:—

*Resolved*, That the Recording Secretary be requested to advertise in the Eclectic Medical Journal for three months, requesting all Eclectic Physicians in Ohio to send their names and post office address to the Recording Secretary of this Society.

President Potter then read his annual Address as retiring officer, which was an able dissertation on the progress of medical science.

Dr. Crethers offered the following resolution:—

*Resolved*, That the Executive Committee of this Association use their best influence with all the Eclectic Physicians throughout the State, to obtain numerous signed petitions to the Legislature, praying that in any board of health bill that may be enacted, the several legalized schools of medicine in the State be equally represented.

The resolution was discussed at length by Drs. Anton, Watts, and others, as to the propriety of adopting it in its present form. Dr. Watts thought we mistake the spirit of the profession at large; that the resolution should contain a spirit of magnanimity, and simply ask that in the

bill the question of medical schools be left out entirely. Dr. concurs in the resolution, and thinks each physician should tures of prominent citizens in his own locality to such present it to the legislators. After discussion by other members tion was adopted.

On motion by Dr. Wagstaff, it was agreed to publish the the Association in the Eclectic Medical Journal, in its form.

It was moved and seconded that when the Association to meet in Columbus on the third Wednesday of May, 187

On motion of Dr. L. E. Russell, the Association adjourn

S. H. POTTER, M. D.

J. T. McLAUGHLIN, M. D., *Rec. Secretary.*

### *Massachusetts Eclectic Medical Society.*

The annual meeting of the Massachusetts Eclectic Medical held at the Revere House, Boston, June 1st and 2d. It called to order at 10 A. M., June 1st, by the president, Dr. records of the last annual and semi-annual meetings were proved. The names of new members were read and the re business committees were read and placed on file.

The treasurer made his report, showing the finances of it in a flourishing condition. After the transaction of some the following officers were elected for the ensuing year: F. Newton, M. D., Boston; Vice-President, J. S. Andrews, M. D., Cor. Secretary, John Perrins, M. D., Boston Highlands; R tary, Milbrey Green, M. D., Boston Highlands; Treasurer, M. D., Charlestown; Librarian, J. W. C. Jackson, M. D., cillors, Drs. R. W. Geddes, C. E. Miles, E. E. Spencer, J. A. L. Chase.

The afternoon session commenced at 2 P. M. The secret the death of Dr. B. A. Taft, of East Douglass, and resolut the respect of the society for him, and sympathy for his fam and approved by the society.

Essays were read by Dr. Abel Wares, of Haverhill, o "Intra-Uterine Injection," and by Dr. H. H. Brigham, of "Diphtheria." The essays were interesting and instructi much discussion by members of the society.

On Friday morning, the society was called to order by the Dr. Andrews, at 10 o'clock. The following physicians we the board of councillors, recommended to the executive membership in the society, and elected: Albert J. Mareton Highlands; J. S. Lavelle, M. D., Lawrence; Daniel A Athol; F. E. Green, M. D., South Boston.

A valuable essay in the department of Gynaecology was re Gerald, which created a long and interesting discussion.

An able essay was read by Dr. J. S. Andrews, of Taunton orrhoea." Some interesting surgical and medical cases we discussed.

At 1 P. M., the orator of the day, Dr. H. D. Jillson, of Fitchburg, was called upon to deliver the annual address. His subject was, "Liberty of Thought and Action in Medicine." A vote of thanks was tendered to the orator for his able and interesting address, and a copy requested for publication.

The annual dinner was served at 2 P. M., at the Revere House.

The executive committee met at 4.30 P. M., the president in the chair. It was voted that the next annual and semi-annual meetings be held at Boston; that Dr. H. G. Barrows be orator at the next annual meeting; that Dr. C. A. Wheeler be anniversary chairman at the next meeting; that Drs. Wheeler, Miles and Jackson be anniversary committee at the next annual and semi-annual meetings; that Drs. Miles, Towne and Green be publication committee for the ensuing year; that Drs. Joseph Jackson and S. C. Ames, be auditing committee; that Drs. Green and Perrins be committee on essayists. The following gentlemen were appointed delegates to the several State Eclectic Medical Societies: Maine, Drs. J. W. C. Jackson and Perrins; New Hampshire, Drs. W. Geddes and Sidney; Vermont, Drs. Wares and Hubbard; Connecticut, Drs. Underwood and Jillson; New York, Drs. Miles and Green.

The next semi-annual meeting will be held at the Revere House, Boston, on January 10th, 1877.

The next annual meeting will be held at the same place, June 7th and 8th, 1877.

MILBREY GREEN, *Secretary*.

### *Illinois State Eclectic Medical Society.*

This Society held an interesting and harmonious session of two days' duration, in Chicago. The President, H. D. Garrison, M.D., delivered the Annual Address. Papers were read by W. Hope Davis, M.D., Henry Olin, M.D., B. B. Usher, M.D., A. L. Clark, M.D., A. W. Foreman, M.D., H. K. Whitford, M.D., and Milton Jay, M.D. Discussion was entered into by many others.

Dr. A. L. Clark offered the following resolution:—

*Resolved*, That so far as practicable, one member of this Society be appointed in each county to take into consideration the matter of organizing county or district medical societies; such person to report at our next annual meeting.

Dr. A. L. Clark, from the Committee on Credentials, reported the names of the following gentlemen, with recommendation that they be accepted, all of whom were elected members:—S. P. Sedgwick, M.D., of Wheaton; R. B. Kirkpatrick, M.D.; A. J. Reding, M.D., Bristol; H. J. Gable, M.D., Aurora; N. A. Weld, M.D., Elgin.

On motion, Dr. Henry Olin was re-instated a member of the Society.

The names of E. L. Bliss, M.D., N. P. Pierson, M.D., Wilson H. Davis, M.D., Joseph K. Green, M.D., and John Foreman, M.D., all of Chicago, were presented, and accepted as members.

The following officers were elected for the ensuing year:—S. P. Sedgwick, M.D., President; A. J. Reding, M.D., 1st Vice President; P. J. Raymond, M.D., 2d Vice President; G. W. Walker, M.D., Correspond-

ing Secretary; A. Summons, M. D., Treasurer; W. Hop  
Secretary.

The city of Lincoln was chosen as the next place o  
amidst a flow of good feeling the Society adjourned until  
communication.

### *Michigan Eclectic State Associations.*

The party which seceded from the old association last y  
amazoo, May 31st, and held a successful meeting, admitting  
only such as were graduates or practitioners of respecta  
to keep their organization reasonably small until it can b  
good men. The ambition to have a large organization led  
of some questionable members in the old *regime*.

The original party met at Lansing, June 7th, but no n  
ceedings has reached us. Its "Circular" contains matter  
itable to "the cause." If the factions can not live togeth  
should not bespatter each other with mud. The world  
for all, and dirt is cheap.

### BOOK NOTICES.

THERAPEUTICS OF TUBERCULOSIS. By WM. H. BURT. M

If any one thing be wanted more than another, it is a g  
treatment of consumption. The author, named above, l  
excellent title for his production; but he is not compete  
with anything new and valuable in the management of  
he is not up to the average of the profession in this r  
should, on such a slender stock of knowledge, attempt  
intelligent brethren (the writer is a homœopath), is not v  
it be that he underrated the capacities of his readers.

A striking peculiarity of the author seems to be that he  
and valuable ideas of his own, but has been content wit  
others, taking a little here and a little there, to make th  
respectable showing. He avoids deep water by saying t  
logy of the disease has been entirely omitted, it being so  
in our works on pathology, which are in the hands of eve

The style of the author may be judged by the above quot  
the following, which is the opening paraph in the bo  
mated that more than one-eight of the entire mortality  
family is due to the fatal ravages of *tuberculosis*. It is, th  
the most frequent of constitutional, but also the most con  
eases."

The author enumerates twelve morbid features which  
treat,—they are "*general atonic condition of the body, em  
hæmoptysis, cough, asthma, hectic fever, night sweats, ap  
pain, bed-sores.*" Now, just what the difference is between

condition of the body, and debility, might puzzle any body but a homœopath, yet he comprehends such niceties at a glance. A mortal can not draw nice distinctions until he has given much attention to the practice.

The compiler and ready borrower presents tables of lung remedies from twelve homœopathic authors, and it is interesting to observe that each employs about thirty-five agents. This indicates a uniformity of sentiment which is commendable. It looks as if they had held a convention, and agreed that such and such agents were pulmonary in their action; yet when we turn to homœopathic works on general therapeutics we find that most of the same medicaments are employed to operate upon other viscera, therefore they can not be *specifically lung* remedies. Perhaps they possess a range of action which is truly perplexing, as do most of the articles in the homœopathic materia medica.

It is astonishing with what cool assurance a homœopath will recommend a minute quantity of calc. carb. to cure formidable phases of morbid action. It would be as rational to feed a starving man on a pinch of bran. There would be a charm in the system of practice if a consistency in all these things were apparent; but when whiskey is given or *taken* as a stimulant, a drop in a drink of water is not "a drop too much."

Then, again, if twenty medicinal agents be named for a given pathological state, or for unappreciable variations of a symptomatic condition, who is wise enough to select the best at first, or lucky enough to hit upon the right agent at once?

It is asserted that homœopaths are the founders of "specific medication," yet if, in the selection of a specific, the choice is to be made from a thousand remedies, how is the ordinary practitioner to know the particular agent at sight or by reasoning? Specific medication is admirable when made clear and succinct, yet if it is going to take a week or two to find the best medicament, the pathological condition aimed at may so change that it would be nonsense to suppose that the medicine accomplished anything desirable. Homœopathy too often shines with such dazzling brightness that it has a blinding effect! Let a homœopathic writer be practical enough to name a remedy which will quickly and appreciably modify a morbid condition and he will bestow a boon upon medicine; but when he avers that he can relieve a severe attack of asthma in three months with *spongia*, or some other comparatively inert agent, he has the effrontery of the druggist who, in replying to a rustic's complaint that the pills had not operated, said, "have patience, my friend, your bowels will move by another week; we always warrant our cathartic medicines for four months."

H.

---

I AM indebted to Dr. Ingalls for advertising my rhus tox., although he does not prove that it is any better, nor worse, than the productions of others. The doctor seems to be engaged in a great and glorious cause, and should be encouraged in well-doing.

H. L. TRUE, M. D.

**Married:—**

At the M. E. Centenary Chapel in Newport, O., May 21st, 1876, by Rev. F. D. Fast, DR. WM. MITCHELL and Miss BELL MOORE.

June 15th, 1876, at the residence of the bride's parents, DR. R. T. LAYCOCK and Miss LIZZIE HARRELL.

May 31st, by Rev. Lozier, at the bride's father's, DR. O. A. HALL and Miss FRANKIE McFERREN, all of Webster City.

At the residence of the bride's mother, June 7th, 1876, by John Allman, Esq., DR. J. M. STEPHENS and Miss MINNIE DAY, all of Williamson county, Ills.

**FOR SALE.**—Excellent location for a good physician. A house and two lots in a nice town in South Western Iowa. The property is cheap and in a good field for practice. For particulars, address.

PHYSICIAN,

Box 39, College Springs, Iowa.

**RECEIPTS FOR JOURNAL TO JUNE 23.**

J Hoover 2, J G Irwin 2, H L Mallory 2, W E Lineberger 2, S M Sherman 2, L Windhurst 2, W J Easley 2, J P H Gray 2, B F Woodward 2, Jno Racey 2, W K Darling 2, J B Stow 2, T B Myers 2, S L Brown 2, F A McNeill 2, W L Williams, 2 L Pyle 2, J M Riley 2, S E Trott 2, J H Curtis 2, W M More 97c, L H Grover 2, S L Groom 2, E Duke 2, A R McCormick 2, E Walker 2, Jos Mills 2, Mrs H McTaggart 2, A S Sanford 2, J M Ansley 2, D C Jordan 2, T M Watson 2, J B Barclay 2, L V D Tosh 1, J N Tilden 2, J F Hatten 2, W R Sober 2, J W Stout 2, J F Petherbridge 2, G W Martin 2, Mrs C A Lloyd 2, S A Hibbs 2, C C Shinnick 4, H Thomas 2, A W Gould 1, J J Leuvitt 2, H P Whitford 2, 50c, C Wunch 2, J A Read 2, O M Beck 2, F M Jasper 4, A B Shelton 3, W H Davis 2, D J Warren 2, C Lloyd 2, W H Hall 2, W J Bybee 2, Hiam Hughes 2, Jas Hays 2, W Waltman 2, M P Barker 2, Wm Butler 2, J C Grandfield 2, E J Morrison 2, Emma Penton 1, E C Sherman 2, Geo Douglass 50c, J Watkins 1, H L True 2, E P Hurd 2, A Wilste 1, O G Barnes 2, L Bailey 2, S Stephens 2, T J Lord 2, J C Peacock 2, I Greer 2, J F Roughton 1, F B Robinson 2, C M Gould 2, J H Adeir 1, E Woodward 2, B B Wilson 2, E R Roe 2, J Sharp 2, J C Barcher 2, Jno G Scott 2, L J Barlow 1, B F Bunch 2, J C Stillman 2, A Slack 2, A B Earle 2, R M Elliott 2, T J Edward 1, 50c, Jno Wise 2, W T Park 1, J A Saviour 2, J M Potter 2, E V Blachley 2, J A Thompson 2, R D Ellis 2, Jno D Kergan 2, T D Wright 2, D A Sebring 2, Geo A Boulden 2, B K Wood 2, R C Ely 2, G B Wilmuth 2, L J Spickelmier 1, D S Freeman 2, J A King 2, P Cargill 2, N H Brown 2, C S Callihan 2, R M Ford 2, I Van Camp 2, H B White 2, Val Thompson 2, S W Monahan 2, J F O'Neal 2, N A Weld 2, E A Beresly 2, A J Perkins 2, J N McDaniel 2, H Peace 2, R H Wiggins 2, B O & G C Wilson 2, L F Stoddard 2, E R Elliott 2, W S Flower 2, R Green 2, J J Burton 1, Geo G Curtis 2, E E Perkins 2, Thos Gifford 2, D D Ross 2, J M Gates 2, R M Bolton 2, Jno Murphy 2, T H Wade 2, W A Brooks 2, S S Sargent 2, J H Griffith 2, H B Shirley 2, A B Wescott 2, R C Raymond 2, Y S Troyer 2, C Koons 2, J M Mulholland 2, J N Vanpelt 2, G W Davis 2, J N Tilden 2, S R Abrams 2, O M Hoyt 2, D T Abell 50c, W J Bungeas 2, Mrs Dr Graves 2, J H McElHinney 2, J D Hom 2, D Gamble 2, L Irish 2, B H Hogan 2, Henry Slusser 2, J J Bolton 2, Hen Bates 2, H B Munger 1, E A Cole 2, R J Williams 2, W O McLeod 2, W W Shearer 2, H Hamlin 50c, C R Hunt 2, Jno A Thomas 2, Jno B Chapman 2, W S Phillips 1, Jas P Dice 50c, N Micheal 2, J M Wisenberg 2, B Love 2, D A Rolin 2, Jas M Williams 2, J J Brower 2, G A Hurst 50c, D H Gavin 2, C W Dowe 2, J O Loveland 1, H B Beecher 2, E H Hawks 2, N H Lehman 2, E Mann 2, A A Duncauser 2, J Frey 2, Health Institute 2, W Gillispie 2, D F Parrott 2, J M Hussey 2, J B Robbins 2, J L Vowell 1, Lewis Smith 1, C D Vilas 2, L W D Jerman 2, A P Banfield 1, W L Anderson 2, J H Francis 2, C S Edwards 4, C E Rutherford 2, E T Spencer 3, W B Bryant 1, A J Campbell 2, W H Tucker 2, M McClean 2, S P Bowles 2, J M Riley 1, D Gregory 2, T S Laud 2, Geo T Watts 2, J D Minard 2, J L Grinnell 2, F C Gale 2, G A Hall 2, H L LaPlace 2, Wm Hill 2, Thompson & Smith 2, M Fuller 2, R P Watkins 2, Thos R Fraser 2, Thos Crandel 2, W M Stephens 2, F Clendenen 1, W McNeil 2, W H Ewing 2, N W Terry 2, Jas M Supher 2, J W Thatcher 2, Jas Coffield 2, W H Battin 2, G E L Falls 1, Bowell & Sharples 2, J N Cunningham 2, C F Wright 1, L W Harrison 2, J N Raley 2, A J Marston 1, W E Murphy 75c, W T Brundstrup 2, C A Goshen 2, H H Abbott 4, A Gullett 2, Jesse H Smith 2, Lewis Meeks 2, D H Foster 4, J W Parker 1, H P Evarts 1, J F Gilbert 2, Jno Cochran 2, George Douglass 2.

# THE ECLECTIC

## Practice of Medicine

### For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

Hard Wood Mantels, Doors,

Counters, Interior Wood Work,

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI:

Send for Catalogue.

## REMOVAL.

WM. S. MERRELL & Co.  
**Manufacturing Chemists,**  
**PHARMACISTS,**  
—AND—  
**Wholesale Druggists,**

Have removed their office and sales department to the five story store front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

Laboratory and Drug Mills, Corner Eggleston Avenue  
and Sixth Streets,  
CINCINNATI, O.

The following additions have been recently made to our large line of  
PHARMACEUTICAL SPECIALTIES.

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**  
**Fluid Extract Yerba Santa,**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Ethereal Oils; Tincture Gelseminum (entirely from the green root); Compound Syrup Stillingia (in pint bottles); Sulph. Hydrastia. and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**Wm. S. MERRELL & Co.**

No. 5. WEST FIFTH ST.

CINCINNATI.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE  
  
REPRODUCTIVE ORGANS

AND  
  
THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:  
WILSTACH, BALDWIN & CO., PRINT RS.  
1874.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

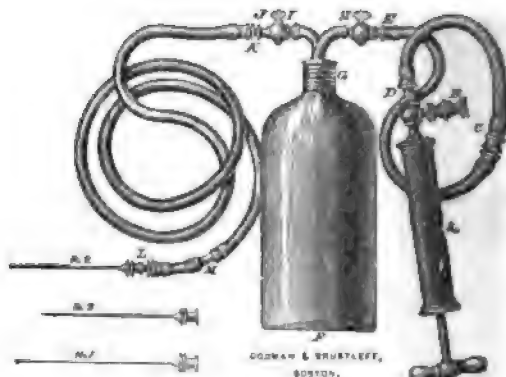


Fig 68.

## DESCRIPTION.

A, Brass Air Pump. B, C, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The Chamber, C, is reversed by turning it with the tube end for end. D, E, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, H, as required. F, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, G, making an air-tight joint by means of rubber packing. I, Fluid Cock. K, L, Metallic Couplings. M, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Petain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.
2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

### 3. The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

4. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.

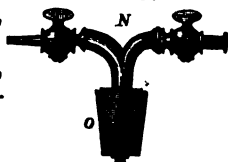


FIG. 69.  
The Stopper and  
Cocks supplied  
with Apparatus  
No. 2.

## PRICES OF APPARATUS.

- No. 1. Air Pump**—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... 18.00
- No. 2.** The same, without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16.00
- No. 3. Dieulafoy's Notched Aspirator**, Nickel-plated, with two Needles, tubes, etc., in case..... 14.00

- No. 4. Stomach Attachment**, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 8.00
- For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add..... 1.50
- Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each..... 2.00
- Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above..... 6.50

*The foregoing are the product of our own factory, and are warranted in every respect.*

**Dieulafoy on Pneumatic Aspiration**, post-paid, on receipt of... 3.40

## CODMAN & SHURTLEFF,

Makers and Importers of Surgical Instruments of every description.

13 and 15 TREMONT STREET, BOSTON.

See Catalogues of Surgical Instruments on application.

N. B. See our other advertisement in alternate numbers of this Journal.

# H. H. HILL & CO.,

WHOLESALE DEALERS IN

## Drugs, Liquors, Medicines,

AND CHEMICALS,

BARKS, HERBS, ROOTS, ETC.,

Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.

FRESH VACCINE VIRUS Constantly on Hand.

---

## Hall's Silver-Plated Electrodes,

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

## THE AMERICAN DISPENSARY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed :

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices : 1 oz. 30 cents, 2 oz. 50 cents.

## MANUAL OF EYE SURGERY.

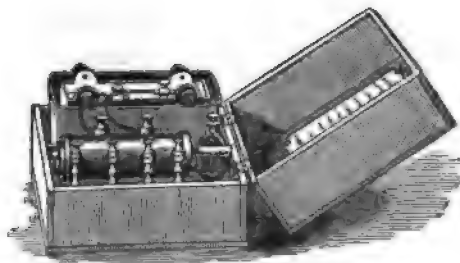
BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address

JOHN M. SCUDDER,  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST**  
**N. W. COR. COURT AND CUTTER STS.**  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

**All articles furnished of the best quality, and no pains spared to give satisfaction.**

**Prices as low as those of other reliable houses.**

---

## **Fractures and Dislocations**

**BY A. J. HOWE, M. D.**

***Professor of Surgery in the Eclectic Medical Institute.***  
**SECOND EDITION.**

**Will be sent by mail free of postage, on receipt of the price, \$1.00.**

**Address**

**JOHN M. SCUDDER,**

**228 Court Street, CINCINNATI.**

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine. Allopathic Medicine, Homœopathy, Eclectic-ism, The Physician, and the Practice of Medicine, Quackery.

**PART I.**—*Anatomy and Physiology.*—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion. The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.**—*Hygiene.*—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature. Exercise. Mental Occupation. Sleep. Excretion. Intoxicating Liquors as a Cause of Disease.

**PART III.**—*Medicines for Family Use.*—Use of Medicines. Emetics. Cathartics, Diaphoretics. Diuretics. Sedatives. Narcotics. Tonics. Stimulants. Alteratives. Astringents. Antispasmodics. Expectorants. Liniments. Ointments, Emollients. Family Medicine Chest. Dietetic Preparations.

**PART IV.**—*Management of Accidents and Injuries and Surgical Diseases.*—Directions for Restoring the Apparently Dead. Treatment to Restore Natural Breathing. Treatment after Breathing has been Restored. Appearances which generally indicate Death. Poisoning. Sun Stroke. Apoplexy. Concussion of the Brain, Bruises. Cuts. Burns. Dislocations. Fractures. Hernia—Rupture. Hemorrhoids—Piles. Fistula in Ano. Chronic Disease of the Loins. Tumors. Cancer. Carbuncle. Boils. Felon. Ulcers.

**PART V.**—*Diseases and their Treatment.*—General Disease, Fever. Febricula. Intermittent Fever—Ague. Congestive Chill. Remittent Fever—Illious Fever. Yellow Fever. Common Continued Fever. Typhoid Fever. Eruptive Fevers. Small Pox. Varioloid. Vaccination. Chicken Pox. Measels. Scarlet Fever. Spotted Fever. Diphtheria. Rheumatism. Chronic Rheumatism. Scrofula. Dropsy. Diseases of the Respiratory Organs. A Bad Cold. Quinsy. Croup. Chronic Laryngitis. Acute Bronchitis. Chronic Bronchitis. Inflammation of the Lungs. Asthma. Consumption. Prevention of Consumption. Physical Education of Children. Hemorrhage from the Lungs. Pleurisy. Whooping-cough. Diseases of the Heart. Diseases of the Digestive Organs. Derangements of Dentition. Toothache. Sore Mouth. Nurse's Sore Mouth. Dyspepsia. Diseases of the Liver. Jaundice. Diarrhœa. Cholera Morbus. Asiatic Cholera. Cholera Infantum. Colic. Dysentery—Flux. Worms. Diseases of the Urinary Organs. Inflammation of the Kidneys. Suppression of Urine. Retention of Urine. Diabetes. Bright's Disease of the Kidneys. Incontinence of Urine. Inflammation of the Bladder. Diseases of the Nervous System. Inflammation of the Brain. Spinal Meningitis. Epilepsy. Convulsions. Hydrophobia. Delirium Tremens. Neuralgia. Hypochondriasis. Headache.

**PART VI.**—*Notes on Nursing.*—Ventilation and Warming. Health of Houses. Petty Management. Noise. Variety. Taking Food. What Food. Bed and Bedding. Light. Cleanliness of Rooms and Walls. Chattering Hopes and Advices. Personal Cleanliness. Observation of the Sick. Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation. Pelvis. Menstruation. Conception. Prevention of Conception. Procreation of Male and Female Children at Will. Signs of Pregnancy, Diseases of Pregnancy. Abortion. Labor. Mechanism of Natural Labor. Management of Labor. Difficult Labor. Prematural Labor. Complicated Labor. Chloroform in Labor. Puerperal Fever. Phlegmasia Dolens.

**PART II.**—*Diseases of Women.*—Amenorrhœa. Dysmenorrhœa. Menorrhagia. Leucorrhœa. An Examination. Chlorosis. Hysteria. Chorea. Inflammation of the Ovaries. Ovarian Dropsy. Cancer of the Uterus. Displacement of the Uterus. Prolapsus Uteri. Anteversion of the Uterus. Retroversion of the Uterus. Polypus of the Uterus. Diseases of the Breasts. Care of the Breasts while Nursing. Ague in the Breasts. Inflammation of the Breasts. Tumors of the Breast. Cancer of the Breast.

**PART III.**—*Care and Management of Children.* The Infant before and immediately after Birth. Food of Children. Sleep. Clothing. Washing and Dressing. Ventilation. Exercise. Special Diseases of the Child. Fever. Affections of the Respiratory Apparatus. Diseases of the Digestive Organs. Affections of the Skin. Roseola. Erythema. Erysipelas. Deformities and Distortions during Childhood. The Infant's Opium. Moral Government. Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
**CORNER OF COURT AND PLUM STREETS,**  
**CINCINNATI, OHIO,**

Prepare and keep on hand all articles of THE HOLISTIC SCHOOL, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, etc., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**

AND

**Manufacturing Chemist,**

**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**

**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Specialty.**

DO YOU WANT  
**A VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

THEN BUY  
**King's Chronic Diseases.**

1600 PAGES PRICE \$15.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

**ROBERT CLARKE & CO.,**  
**Publishers, Booksellers, Stationers**  
**AND IMPORTERS.**

DEALERS IN

**Law, Medical, Theological, School and Miscellaneous Books.**

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,**  
**CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,

54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO'S

## Pure Concentrated Medicines,

### CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 3 ozs., and 1 lb.

#### • VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides,.....	\$1.50
1 Crust.....	3.00

Sent by mail on receipt of price.

#### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1759.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease with especial reference  
to the Administration of Remedies.*

BY JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50.      Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

**M. AUTENRIETH,**

Formerly 18 years with M. WOCHER,  
SUCCESSOR TO W. Z. REES,

71 West Sixth St.,

Walnut and Vine, CINCINNATI.

Manufacturer of

**Medical and Orthopaedical  
INSTRUMENTS,**

Genital Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
Rubber Syringes, Stomach Pumps,  
Bags, Medicine Cases, etc.

**STOCKINGS FOR VARICOSE VEINS.**

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

**X WOCHER & SON,**

MANUFACTURER OF

**Medical, Dental & Orthopaedical  
INSTRUMENTS.**

Calling the attention of physicians to our  
extensive and most complete assortment  
of instruments, we beg to state that we shall  
be, with increased facilities, to add to  
anything new and desirable which is  
demanded by authorities here and abroad,  
for all demands of the medical profession.  
All of our goods are kept strictly uniform  
those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
every respect.

**SPECIALTIES.**

of every description.  
Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
and all other deformities, made to order,  
with the latest improvements.  
Surgical Medical Apparatus of various kinds,  
for Physicians' office use.  
A large variety of the most improved  
Genital Supporters, either elastic or with  
springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

**AGENTS FOR**

Wocher's Electro-Magnetic and Galvanic  
Series.

Dr. J. S. Uterine Supporters.

Dr. J. & Shurtleff's Atomizers.

Dr. J. & Kidders' Magneto-Electric Machine.

Improved Splints, which we sell either in  
full sets or by single piece.

All above goods our price is the same as  
of the manufacturers.

5 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



**A. JACKSON HOWE, M.D.**  
OFFICE, N. E. COR. FOURTH & MAIN.  
CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

**JOHN KING, M.D.**  
**OCULIST AND AURIST**  
138 Ninth Street. Cincinnati.

Office Hours from 9 A. M. to 3 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

**WM. H. DAVIS, M. D.**  
Springfield, Illinois,

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his infirmary in  
Springfield.

**DR. J. M. SCUDDER,**  
228 COURT ST.

**EDWIN FREEMAN, M. D.**  
Office, corner Eighth and John sts.  
CINCINNATI.

Special attention given to treatment of fis-  
tulae, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

**PROF. Z. FREEMAN, M. D.**  
OFFICE, 280 WEST SIXTH STREET  
CINCINNATI.

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED,

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1873.

LITTLE BUT GOOD.

WARRANTED NOT TO RUN OFF AT THE BOWELS.

SENT BY MAIL FOR \$2.50.

# Physicians' Head Quarters.



H. M. MERRELL.

ABNER THORP.

T. C. THORP.

## H. M. MERRELL & CO. Manufacturing Chemists and Pharmacutists, CORNER COURT AND PLUM STREETS, CINCINNATI, O.

We would again return our thanks to the Profession for their liberal patronage during the past. We present ourselves with the following inducements for a continued patronage.

We make and sell only pure Drugs, guaranteeing all we offer, and upon this platform stake our reputation.

We were one of the first houses in the country to introduce and prepare those valuable remedies peculiar to the Reformed Practice, and for twenty years have been identified as manufacturers.

We do the largest Physicians trade of any house in the Western Country, and by custom, extent and familiarity of business are best able to respond to every Physician's want.

We deal in nothing that is not reliable, and in our Fluid Extracts, Concentrated Tinctures and Specific Medicines; offer Preparations that are unequalled in purity, strength and reliability.

In addition to our manufactures we keep a complete assortment of all things wanted by Physicians of all schools, including *Foreign and Indigenous Medicines, Shop Furniture, Glassware, Instruments, &c.*, all guaranteed to be of the most reliable quality.

Our Terms are Cash. The money can be sent with orders, or we will send goods by express, to be paid for at the express office on delivery.

## MEDICAL BOOKS.

We will supply any book ordered. We quote a few connected with the Eclectic School.

American Eclectic Dispensatory, by John King..... 8 00  
 Physio Medical Surgery, by Wm. H. Cook..... 6 00  
 Lectures on Theory and Practice, by Alva Curtis..... 2 50  
 American Practice, abridged for family Physician, by W. Beach, revised edition..... 2 00  
 American Eclectic Obstetrics, by John King..... 1 00  
 Women and their Diseases, by John King..... 1 00  
 Diseases of Women, by John M. Scudder..... 1 00  
 Handbook of Medical Practice, by W. H. Cook..... 1 00  
 Compend of American Practice, by S. H. Potter..... 1 00  
 King's Chronic Diseases..... 1 00  
 Principles of Medicine, by J. M. Scudder..... 1 00  
 Pronouncing Medical Lexicon, by C. H. Cleveland, in cloth..... 1 00  
 Eclectic Practice of Medicine, by J. M. Scudder, M. D..... 1 00  
 Diseases of Children, by John M. Scudder..... 1 00  
 Young Stethoscopist, by Bowditch..... 1 00  
 Specific Medication, by John M. Scudder..... 1 00  
 Specific Diagnosis, by John M. Scudder..... 1 00  
 Scudder on Venereal..... 1 00  
 Dislocations and Fractures by A. J. Howe..... 1 00  
 Manual of Eye Surgery, by A. J. Howe..... 1 00

## Physicians' Pocket Medicine Cases.

No. 1 Turkey Morocco, containing 12 three drachm and 24 one dr. vials..... 1 00  
 No. 2 do do 18 do 12 do ..... 1 00  
 No. 3 do do 20 do vials ..... 1 00  
 No. 4 do do 22 two do do ..... 1 00  
 No. 5 do do single row 12 three do do ..... 1 00  
 No. 6 do do containing 8 four do and 12 two dr. vials..... 1 00  
 No. 7 do do 24 two do ..... 1 00  
 No. 8 do do box case 20 two do do ..... 1 00  
 No. 9 do do containing 24 three dr. vials and 16 two dr. vials..... 1 00  
 Scudder's Case..... 1 00  
 No. 10 do do 16 two dr. vials ..... 1 00  
 No. 11 do do portmonnaie style, 16 1½ drachm vials..... 1 00  
 No. 12 do do containing 12 four dr. vials, 14 two dr. vials and 28 one dr. vials. Dr. King's Case..... 1 00  
 No. 13 do do do 10 four dr. vials and 18 one and one-half dr. vials, when in the pocket the vials are all upright, ..... 1 00

## Physicians' Saddle Bags.

No. 1 Contains 10 three oz. and 18 one ounce vials, with slides..... 1 00  
 No. 2 do 8 do 14 do do do ..... 1 00  
 No. 3 do 10 do 18 do do folding with flap for instruments and 12 three drachm vials..... 1 00  
 No. 4 do 42 one ounce vials..... 1 00  
 No. 5 do 10 three ounce and and 12 1½ ounce vials ..... 1 00  
 No. 6 do 20 two ounce, glass stoppered bottles, with drawers and compartments in top for sundries ..... 1 00  
 No. 7 do 16 glass stoppered bottles, with drawers, and compartments in top for sundries ..... 1 00  
 No. 8 Buggy Case contains 10 three ounce and 18 one ounce and 12 three dr. vials, with flap for instruments..... 1 00  
 No. 9 do do 6 two ounce glass stoppered bottles and 9 one oz. and 12 three drachm vials..... 1 00

N. B.—A sheet containing about 100 labels for marking small vials, accompanies each case.

# Price List

—OF—

## H. M. MERRELL & CO.

### Concentrated Powders.

	Per oz.
Alcaine.....from Tag Alder.....	\$1 00
Ampelopsine.....American Ivy.....	1 25
Apocynin.....Dogbane.....	1 70
Asclepidin.....Pleurisy Root.....	1 90
Baptisin.....Wild Indigo.....	1 35
Caulophylline.....Blue Cohosh.....	90
Ceraine.....Choke Cherry.....	1 40
Chelonin.....Balmory.....	1 75
Chimaphyllin.....Pipsissewa.....	1 75
Colocynthin.....Colocynth.....	3 00
Cimicifugin } or Macrotin }.....Black Cohosh.....	75
Cornine.....Dogwood.....	70
Corydalin.....Turkey Pea.....	3 00
Cypripidine.....Ladies' Slipper.....	1 75
Digitaline.....Foxglove.....	1 75
Dioscorein.....Wild Yam.....	1 75
Eryngine.....Corn snake-root.....	1 00
Eucymine.....Wahoo.....	1 75
Eupatorine.....Benceet.....	1 00
Eupatoidin.....Eupator. Agertoides.....	1 25
Eupurpurin.....Queen of Meadow.....	1 70
Gelseminine.....Yellow Jessamine.....	2 75
Geranine.....Crane-bill.....	1 00
Gesserine.....Am. Columbo.....	1 25
Gillonine.....Am. Ipocac.....	1 25
Hamamelin.....	1 50
Helenin..... Unicorn Root.....	2 50
Hydrastia.....Mur.....	2 60
Hydrastia.....Sulphur.....	3 50
Hydrastine.....Principles Combined.....	1 80
Hydrastine.....Phosphate.....	2 50
Humuline.....	1 50
Hyocyamine.....Henbane.....	3 50
Iridin.....Blue Flag.....	1 00
Jalapin.....Jalap.....	3 00
Juglandin.....Butternut.....	90
Lobeline.....Lobelia.....	2 40
Leptandrin.....Culver Root.....	70
Menisperm.....Yel. Parilla.....	1 75
Myricin.....Bayberry.....	1 00
Phytolaccin.....Garget or Poke.....	1 25
Populin.....Aspen Poplar.....	1 20
Prunine.....Wild Cherry.....	90
Podophyllin.....Mandrake.....	70
Pelin.....Waser Ash.....	1 60
Rhusin.....Sassa.....	1 00
Rumicin.....Yellow Dock.....	1 25
Sanguinarina.....Bloodroot (alkaloid).....	1 40
Sanguinarina.....do (combined).....	1 25
Sanguinarin.....Nitrate.....	2 00
Scutellarine.....Scutellap.....	1 75
Senecioine.....Liferoot.....	1 60

	Per oz.
Stillingine.....Stillingia.....	2 25
Trillin.....Birthroot.....	1 25
Veratrine.....Amar. Hellebore.....	2 25
Verbenine.....Blue Vervine.....	1 25
Viburnine.....High Cranberry.....	2 10
Xanthoxylin.....Prickly Ash.....	1 50

Put up in ounce bottles, 12 ounce boxes and 1 pound bottles.

### OILS.

Oil Lobelia.....	\$0 75
" Stillingia.....	80
" Xanthoxylum.....	60
" Capsicum.....	75
" Ergot.....	30
" Piper Niger.....	20
" Erigeron Can.....	25
" Erechtites Hier.....	25
" Male Fern.....	75

### OLEO RESINS.

Asclepidin.....	\$0 50
Apocynin.....	50
Aletin.....	50
Eupurpurin.....	50
Iridin.....	50
Liatrin.....	50
Rhusin.....	50
Ptelein.....	50
Xanthoxylin.....	50

The above form is a most excellent and reliable mode of use; but should always be triturated with Lactin or sugar or made into pill with soluble extract. In this manner they become more efficient and require less for a dose.

### Alcoholic and Common Extracts.

Our Extracts are Alcoholic and Common, they are made after the most approved processes, and up to the full standard in every particular.

They are put up in 1 pound jars, but will be sent in whatever amount desired.

### EXTRACT OF

	Alcoholic	Com.
	℥ lb	℥ lb
Absynthium.....Wormwood.....	\$4 00	\$3 50
Achillea Mil.....Yarrow.....	2 75	2 00
Aconitum.....Aconite.....	4 10	3 60
Ambrosia Elat.....Ragweed.....	2 75	1 25
Anthemio Nobilis.....Chamomile.....	09	2 00
Apocynum.....Bitter Root.....	3 75	3 00
Arnica Rac.....Spikenard.....	3 50	1 50
Arnica.....Arnica flowers.....	3 00	1 50

## EXTRACT OF

Asclepias Tub...Pleurisy Root.....	3 75
Baptisia...Wild Indigo.....	2 75
Belladonna...Nightshade.....	5 00
Cannabis Indica...Ind. Hemp.....	7 00
Cassia Mar...Americanenna.....	1 00
Caulophyllum...Blue Cohosh.....	2 25
Celastrus Scand...F. Bittersweet.....	3 25
Chelone Glabra...Balmomy.....	2 75
Chimaphylla...Pipsissewa.....	4 00
Cimicifuga...Black Cohosh.....	2 50
Cinchona Rub...Red Bark.....	5 00
Colocynth Comp...U. S. P.....	3 00
do do purg.....	
Columba...East India Col.....	3 00
Conium Mac...Cicuta.....	3 75
Convolv Panil...Manroot.....	3 00
Cornus Florida...Dogwood.....	3 75
Corydalis...Turkey Tea.....	4 00
Cubeba.....	6 00
Cypripedium...Lady's Slipper.....	4 00
Digitalis...Fox Glove.....	3 75
Dioscorea...Wild Yam.....	3 00
Dulcamara...Bittersweet.....	3 75
Erigeron Canad...Fleabane.....	1 50
Eryngium Aq...Corn Snakeroot.....	1 50
Eucynmus...Wahoo.....	2 50
Eupatorium Perf...Bonaset.....	2 75
Eupat. Perf...Queen Meadow.....	3 75
Felix Mas...Male Fern.....	3 00
Gentiana Luctea...Gentian.....	2 25
Geranium Mac...Cranesbill.....	3 00
Gossypium...Cotton Root.....	5 75
Malonias Diocl...Unicorn Root.....	6 00
Humulus...Hops.....	5 00
Hydrastis Ca...Golden Seal.....	4 00
Hyocyanus...Henbane.....	5 00
Iris Versicolor...Blue Flag.....	3 75
Jalapa...Jalap.....	10 00
Juglans Cln...Butternut.....	3 00
Krameria...Rhatany.....	
Lactuca Elong...Wild Lettuce.....	2 75
Lactuca Sativa...Garden Lettuce.....	3 75
Lapa Major...Burdock Root.....	3 00
Leonorus...Motherwort.....	3 00
Leptandra...Culver Root.....	4 00
Lobelia inflat...Lobelia.....	4 00
Marrubium...Hoorhound.....	3 00
Menispermum...Yel. Parilla.....	3 50
Mitchella Repens...Partridge Berry.....	4 00
Nux Vomica, per oz.....	60
Oxalis Aset...Wood Sorrel.....	3 50
Pareira Brava, per oz.....	
Phytolacca...Garget Root.....	3 00
Phytolacca...Garget Berries.....	
Plantago Maj...Plantain.....	3 00
Podophyllum...Mandrake.....	2 75
Polygonum Punct...Smart Weed.....	2 75
Ptelea...Water Ash.....	4 00
Quassia...Quassia Wood.....	6 00
Quercus Alba...White Oak.....	3 00
Quercus Tinctora...Red Oak.....	3 00
Rheum...Rhubarb.....	
Rhus Glab...Sumach, bark Root.....	3 00
Rhus Villos...Blackberry Root.....	3 50
Rhus Crisp...Yellow Dock.....	3 00
Rongularia...Bloodroot.....	4 00
Sarsaparilla Hon...Sarsaparilla.....	3 00
Sarsaparilla Comp do.....	4 00
Sabine...Sabine Leaves.....	3 75
Scutellaria...Scullcap.....	3 75
Senecio...Lile Root.....	3 25
Stillingia...Queen's Root.....	4 00
Taraxacum...Dandelion.....	2 25
Tobacco, per oz.....	50
Trifolium...Red Clover.....	3 00
Trillium...Bethroot.....	5 00
Uva Ursi...Barberry Leaves.....	4 00
Valerian...Eng. Valerian.....	5 00
Veratrum Viride...Am. Hel'ba.....	6 00
Verbascum...Mullein.....	
Verbena...Vervain.....	
Veronica...Iron Weed.....	1 50
Zanthorylium...Frickly Ash.....	3 75

## FLUID EXTRACTS,

OR

## CONCENTRATED TINCTURES.

We would respectfully call the attention of the profession to our change in prices of Fluid Extracts and Concentrated Tinctures. Our great effort since the introduction of special tinctures has been to elevate the standard of fluid extracts to that of Concentrated Tinctures. We offer them now at the same price, and retain the name of Concentrated Tinctures only as an accommodation to those who have been long accustomed to the name of Concentrated Tinctures. The preparations are now identical and we are assured that they are the best of the class now offered to the practitioner.

They are made from recent and carefully selected crude material, and represent one ounce to the fluid ounce. The dose of each article will be found on the respective bottle.

Pia Pr. Bo

Aconite Leaves.....	1 50
do Root.....	1 50
Achillea...Yarrow.....	2 50
Agrimonia.....	1 25
Amelopsia...Am Ivy.....	2 25
Anthemis...Chamomile.....	1 50
Apocynum.....	1 25
Aralin Rae...Spikenard.....	1 50
Arnica.....	1 50
Asclepias Tuberosa.....	1 50
do Incarnata.....	1 50
Aflanthus.....	2 50
Baptisia...Wild Indigo.....	2 50
Belladonna.....	1 75
Baro-ma...Buchu.....	5 75
do Comp.....	1 50
Caffea...Java Coffee.....	4 00
Cannabis Indica.....	1 25
Cannabis Sativa.....	1 25
Caulophyllum.....	2 00
Capsicum...Af. Cayenne.....	2 00
Cephaelis Mac.....	2 00
Celastrus, bark of root.....	2 00
Cimicifuga or Macrotys.....	1 50
Cinchona, pale.....	3 00
do true red.....	3 00
do Comp.....	2 00
Chenopodium...Wormseed.....	75
Chelone Glab...Balmomy.....	1 50
Chimaphylla.....	1 50
Colchicum root.....	1 50
do seed.....	1 50
Collinsonia...Stoneroot.....	1 25
Cornus Florida.....	1 25
Corydalis...Turkey pea.....	2 50
Cubeba.....	1 50
Cypripedium.....	1 50
Columba...Foreign.....	1 00
do Am.....	1 25
Chiananthus.....	1 75
Castanea...Chestnut Leaves.....	2 00
Condalia.....	1 50
Uco...Erythrox Coco.....	1 50
Damiana.....	3 00
Digitalis...Foxglove.....	3 00
Dioscorea...Wild Yam.....	3 00
Dulcamara...True Bittersweet.....	3 00
Eucalyptus.....	3 00
Epilobium.....	3 00
Ergot.....	1 25
Erigeron Can...Fleabane.....	1 50
Epigea Rep...Gravel plant.....	1 50
Enonymus...Wahoo.....	2 75
Eupatorium Perf...Bonaset.....	1 75
Eupatorium Purpur.....	2 00
Felix Mas...Male Fern.....	2 00
Guarana.....	1 25
Gelsemium.....	1 50
Gentian Lut.....	1 50
do Comp. U. S. P.....	1 25
Geranium Mac.....	1 25
Gossypium...Cotton Root.....	2 25

Adiantum..... Amer. Ipecac.....	40
Alchornea Nig.....	50
Alnus..... Star Root.....	2 00
Amorpha..... Hops.....	1 40
Amuriceus..... Golden Seal.....	1 50
Angelica.....	50
Angustifolia..... Elecampane.....	25
Antennaria..... Blue Flag.....	1 40
Asclepias.....	5 00
Aspidopteryx..... Jalap root.....	3 00
Aster..... Butterbent.....	25
Aster..... Laurel.....	1 40
Aster..... Nutmeg.....	75
Aster..... Lettuce.....	25
Aster..... Motherwort.....	1 50
Aster..... Culver.....	30
Aster..... Button Snakeroot.....	40
Aster..... Yel. Pop.....	25
Aster..... Herb.....	1 50
Aster..... Seed.....	2 00
Aster..... Bugle.....	50
Aster..... Hoarhound.....	25
Aster.....	2 25
Aster..... Bayberry.....	75
Aster..... Hops.....	50
Aster..... Catnip.....	50
Aster..... Vatica.....	2 50
Aster..... Tree Primrose.....	2 50
Aster..... Urtica..... Bearsfoot.....	25
Aster.....	40
Aster..... Punet.....	1 25
Aster..... Seneca.....	2 25
Aster..... Garget.....	1 40
Aster.....	35
Aster..... Grava.....	25
Aster..... Wild Cherry.....	1 50
Aster..... Water Ash.....	50
Aster..... Rhubarb.....	50
Aster..... Aromatic.....	50
Aster..... Yellow Dock.....	1 40
Aster..... Comp.....	1 25
Aster..... Blackberry.....	1 40
Aster..... Blood Root.....	1 25
Aster..... Sabine Leaves.....	1 75
Aster..... R. N.....	1 75
Aster..... Comp.....	1 40
Aster..... Sculpin.....	1 40
Aster..... Life root.....	1 40
Aster..... monium.....	1 50
Aster..... Alex.....	1 40
Aster..... Jalap.....	2 75
Aster..... Le y. oru seed.....	1 75
Aster.....	2 00
Aster..... Pink root.....	1 75
Aster..... Comp.....	1 50
Aster.....	2 00
Aster..... do Comp.....	1 75
Aster..... Squills.....	1 40
Aster..... do Comp..... for Hive Syrup.....	1 75
Aster..... Skunk Cabbage.....	1 50
Aster..... Rosin Weed.....	3 00
Aster..... Dandelion.....	1 40
Aster..... Birth root.....	1 50
Aster.....	25
Aster..... English.....	50
Aster..... Viride.....	75
Aster..... Vervain.....	50
Aster..... Hen ced.....	50
Aster..... Prickley Ash.....	1 75
Aster..... Jam.....	1 75

	PER DOZ.	PER GAL.
Alterative Syrup.....	\$8 00	\$3 75
Pulmonary Syrup.....	8 00	4 00
Scrophulous Syrup.....	8 00	4 00
Syrup Helianthus.....	8 00	4 00
Syrup Michella Rep. Comp.....	8 00	4 00
Simple Syrup Stillingia, pt. bot.....	per doz.	\$12 00
do do.....	per gallon.	6 00

The Simple Syrup Stillingia is one of the best and safest articles for all bronchial and throat affections.

Comp. Syrup Stillingia, pt. bot. per doz. \$9 00  
do do per gallon. 4 00

We also make an article, the strength of the formula of the Selective Dispensatory, which we sell at \$3 50 per gallon, or \$8 00 per doz. pint bottles.

	PER LB.	PER GAL.
Syrup Iodide Iron.....	\$6 90	
" Squills.....	50	\$4 00
" comp.....	75	5 00
" Ipecacuanha.....	75	5 00
" Rhubarb, arom.....	75	5 00
" Senega.....	75	5 00

Concen. Neut. Cordial, per gal..... \$4 00  
" " per doz. pt. bot..... 8 00

We use the best brandy and select Rhubarb, and make of full strength. It is the best regulator of the bowels of any article known to the profession.

Acetous Emetic, \$8 per doz., \$4 per gallon.  
As a common emetic it is to be preferred to all others. For formula and use, see Selective Dispensatory.

Restorative Wine Bitters, per bot..... \$1 00  
do do per doz..... 8 00  
do do per gal..... 4 00

Made after Beach's formula with good Malaga or Burgundy wine.

Compound Gin Bitters, per bot..... \$1 00  
do do per doz..... 7 00  
do do per gal..... 4 00

Made after Beach's formula for old Dr. Bone's Bitters, and is four times the strength directed by the original receipt.

### Dr. Thorp's Balsam of Life

It is now some fifteen years since Dr. Thorp first introduced this preparation to the profession, since which time it has been used by a large number of our best physicians for the cure of pulmonary affections; and from the great reputation it has gained, we confidently recommend it as one of the best remedies known for all cases of stubborn cough, where there is little or no expectoration; also for Asthma, Croup, Whooping-Cough, Bronchitis, and as a general expectorant. It is composed of Comp. Tinct. Myrrh, Anise, Sauguinaria, Lobelia, Sassafras, Squills, Peppermint, Balm Gilead, etc. Price per doz. \$7.00, per gallon \$6.00.

### Merrell's Blackberry Anodyne.

The formula for this celebrated article, got up by H. M. MERRELL, was given to the profession some six years ago, and many physicians after full trial, give it their unqualified approval. We invite the attention of the pro-

### Concentrated Medicinal Syrups.

Our syrups are strictly official, of uniform strength, made of the best material, and by displacement apparatus. We also guarantee this class of preparations, and we warrant them to give satisfaction.

Medicinal Syrups may be improvised by following the directions given for our concentrated Tinctures and Fluid Extracts.

session to it, as an efficient remedy for Diarrhoea, Cholera Infantum, Cholera Morbus, and other affections of the bowels and stomach, which require an astringent, warming, and sedative medicine. -It is neatly put up in 4 oz. vials. Price retail, 25c, per doz. \$2.00, per gal. \$6.00

### DR. THORP'S FEVER & AGUE TONIC

This is a new preparation that we offer to the profession after thoroughly testing it, and finding it to be the best article we have ever tried for the cure of all forms of Ague and Fever and for Night Sweats. It is entirely free from Arsenic, and all mineral poisons, being composed of Gelseminum, Macrotys, Sudorifics and tonics. Put up in four ounce bottles at \$7.00 per dozen, or in bulk at \$1.75 per pound bottle. We feel satisfied that one trial will satisfy every one of the great value of this preparation.

### TINCTURES.

	Per lb
Anti-spasmodic Tincture.....	\$0 75
Comp. Ianic Mixture.....	2 50
Well's Anodyne Drops.....	1 50
Elixir Virioli.....	1 00
Renovator (Adolphus).....	3 00
Sudorific Tinct.....	1 50
Spirits Lavender, Comp.....	75
King's Expectorant.....	75
Tincture Myrrh, No. 6.....	75
" Mur. of Iron.....	50
" Opium (Laudanum).....	1 60
" O. Camph. (paregor).....	75
" Aconite Leaves.....	60
" Belladonna.....	60
" Lobelia.....	75
" Sanguinaria.....	60
" Macrotys saturated.....	60
" Arnica Flowers.....	60
" Lobelia Aret.....	60
" Sanguinaria Acet.....	60
" Veratrum Viride.....	1 00
" Phytolacca green Root.....	1 25
" Bryonia.....per oz 25	
" Pulsatilla.....	" 25
" Yellow Jessamine.....	75
" Aloes.....	65
" " et Myrrh.....	75
" Assafoetida.....	65
" Benzoin Comp.....	75
" Buchu.....	60
" Camphor.....	75
" " Comp (Rhumatic tinct).....	1 25
" Cannabls Ind.....	80
" Cantharides.....	75
" Capsicum.....	65
" Cardamom.....	65
" " Comp.....	75
" Caulophyllum.....	60
" Oatohu.....	60
" Cinchona.....	75
" " Comp.....	80
" Cinnamon.....	60
" Colehicum Seed.....	60
" " Comp.....	60
" Conium Mac.....	60

Tincture Oastor.....	1 25
" " Ammon.....	1 25
" Cubebs.....	75
" Columbo.....	60
" Corydalis.....	70
" " Comp.....	70
" Digitalis.....	60
" Ergos.....	75
" Eucynmus.....	60
" Gentian Comp.....	1 00
" Galis.....	60
" Guaiac.....	60
" " Ammoniated.....	75
" Helonias.....	75
" Hellebore.....	70
" Hops.....	65
" Hydrastis.....	65
" Hyoscyanus.....	65
" Iodine.....	1 00
" Inula.....	60
" Iris Ver.....	60
" Kalmia Lat.....	60
" Kino.....	75
" Krameria.....	60
" Lobelia Comp.....	75
" " et Capsicum Comp.....	75
" Lupulin.....	75
" Matric.....	70
" Myrrh.....	60
" Orange Peel.....	60
" Podophyllum.....	60
" Quassia.....	60
" Rhubarb.....	1 00
" Scutellaria.....	60
" Skunk Cabbage.....	60
" Serpentaria.....	70
" " Comp.....	1 25
" Senna.....	60
" Stillingia.....	65
" Stramonium Fol.....	60
" Tolu.....	60
" Valerian.....	60
" " Ammoniated.....	75
" Xanthoxylum (berries).....	75

### Ointments and Plasters

	per lb.		per lb.
Ophthalmic Balsam.....	\$2 60	Mayer's Oint.....	\$ 50
Mild Zinc Oint.....	1 50	Fire Extractor.....	1 25
Pile Oint.....	2 00	Miscuscent Oint.....	1 25
Stramonium Oint.....	60	Yellow Dock.....	60
Bittersweet Oint.....	60	Wild Indigo oint.....	60
Chitrine Ointment.....			
Mercurial Ointment, % merc.....			1 00
" " %.....			60
" " per lb.....	per lb.		per lb.
Aconite Plasters.....	1 60	Arnica Plas.....	1 60
Belladonna Plaster.....	1 50	Cantharides pl.....	1 50
Black Salve in % lb. tin boxes.....			50
Irritating Plasters.....			50
" " % rolls.....			60
Strengthening Plaster.....			75
Plaster, Arnica.....	spread, large per doz.....		1 50
" " " small.....	" 1 25		
" " " small.....	" 1 50		
" " Burgundy Pitch.....	" large.....	1 25	
" " " small.....	" 1 50		
" " Poor Man's.....	" large.....	1 25	
" " " small.....	" 1 50		
" " Belladonna.....	" small.....	2 00	
" " " large.....	" 2 00		
" " Porous, Mitchell's.....	" 1 25		
" " Surgeon's adhesive.....	per yd.....		50
" " " 10 ft. % in. wd.....	per roll.....		15
" " " %.....	" 25		
" " " %.....	" 30		
" " " %.....	" 40		
" " Adhesive or Bear Cloth.....	per yd.....		30
" " Isuglass.....	70		

All other Ointments prepared at the shortest notice, and at the lowest rates

### Caustic

1/2 gal Carbonate of Potash, in two	
oz. bottles, per doz .....	\$2 00
1/2 gal Carbonate of Potash per lb.....	1 00

### Compound Powders.

oder of Jalap Comp. Beach's Anti-	Per lb.
Billions Powder.....	\$1 00
oder of Ipecac and Opium Comp.	
Diaphoretic Powder.....	2 00
oder of Lobelia Comp. Emetic powder, 1 20	

Powder of Rhubarb Comp. Neutralizing Powder.....	1 50
Powder of Bayberry Comp. Composition Powder.....	40
Powder of Asclepias Comp. Morrow's Sweating Powder.....	40
Powder of Tamarac Comp. Mixture for Bone's or Gin Bitters.....	50
Powder of Populus Comp. Thompson's Spice Bitters.....	50
Powder of Comfrey Comp. Mixture for Restorative Wine Bitters.....	50
Powder of Deer's Horn, calcined-Buckhorn Styptic.....	1 00

## BOTANIC MEDICINES

The following list of articles in various forms, with their prices, will enable the purchaser to make out his order, so that he may come very near the amount of Cash necessary to send. The indigenous roots, herbs, barks, etc., are sold by us crude, dried, crushed, ground, powdered and pulverized. We put up some of the pulverized articles in bottles for which we make an extra charge. We also pack them in papers of 1 lb.,  $\frac{1}{2}$  lb.,  $\frac{1}{4}$  lb., adding the customary price for packing. Herbs, when sold in quantities of several pounds in bulk will be charged lower than the quoted price, and in smaller papers than  $\frac{1}{2}$  lb., the extra price of cutting will be added. We warrant all our herbs as fresh and as neatly put up as those of any other house.

*Cr.*, signifies crushed or coarsely broken up. *Gr.*, ground without sifting, suitable for tincture or infusion. *Pul.*, an impalpable or dusted powder. *Pkd.*, packed or pressed in 1 lb. or 5 lb. package; when no such designation is added, the article is understood to be in crude or natural state.

[illegible]

Belladonna En...Dead Nightshade.....	pkd	1	Fraxinus Seme...Black Ash.....	pkd	51
" in bottles.....	pkd	60	Galium, Apurine...Leavers.....	pkd	52
Borage of...Borage.....	pkd	60	Gambogia...Gum Gambogia.....	pkd	53
Baptisia Tinctura...Wild Indigo.....	crshd	50	Gaultheria Proc...Spicy Wintergreen.....	pkd	54
".....	pkd	50	Geblina Linnea...Geatlin root.....	pkd	55
Beberia Vul...Barberry bark root.....	pkd	40	".....	pkd	56
Berula Lenta...Sweet Birch.....	crshd	45	".....	pkd	57
Calendula Off...Marigold Flowers.....	pkd	40	".....	pkd	58
Cantharides...Spanish Flies.....	pkd	45	Geranium Macs...Cransmill.....	pkd	59
Capsum Afric...Af Cayenne.....	pkd	40	".....	pkd	60
Carbo Legul prep...prepared charcoal.....	pkd	40	Gauin Rivale...Avana root.....	pkd	61
Carophyllus...Cloves.....	pkd	40	Gillella Slip...Ind Phys. Am. Ipocoe.....	pkd	62
".....	pkd	40	".....	pkd	63
Carthamus Tinc...American Saffron.....	pkd	40	Gelsemium Semp...Y. Gelsemium.....	pkd	64
Cardus Marianellus...Blossed Thistle.....	pkd	40	Glechoma...Ground Ivy.....	pkd	65
Cassa Maryland...Ac Sassa.....	pkd	40	Gnaphalium...Life Everlasting.....	pkd	66
Caulophyllum Th...Blue Cohosh.....	crshd	50	Gioscylin...Cotton Bark of root.....	pkd	67
".....	pkd	50	Hamamelis...Leaves...White Hamel.....	pkd	68
Celastrus Scandens...False Bittersweet.....	pkd	50	".....	pkd	69
" bark of root.....	pkd	50	Heracleum Lanat...Masterwort.....	pkd	70
Ceanothus Am...Jersey Tea...bark root.....	pkd	50	".....	pkd	71
Chelidonium Majus...garden cel.....	pkd	50	Hellianthemum Can...Rockrose.....	pkd	72
Chelone Glabra...Balmoney Herb.....	pkd	50	Helleborus Poligoid...Pennyroyal.....	pkd	73
".....	pkd	50	Helleborus Dioica...Uniform or Star root.....	pkd	74
Chenopodium Anth...Wormseed.....	pkd	50	".....	pkd	75
".....	pkd	50	Hepatica Amer...Liverwort.....	pkd	76
Chimaphylla...Princess Pine...Pipsalata.....	pkd	50	Hemulus Lupulina...Hops.....	pkd	77
Cinchona, Red, True.....	pkd	50	Hydrangea...Aberos...Seven barks.....	pkd	78
".....	pkd	50	Hydrastis Can...Golden Seal.....	pkd	79
".....	pkd	50	".....	pkd	80
".....	pkd	50	Hyoscyamus Niger...Henbane.....	pkd	81
".....	pkd	50	".....	pkd	82
".....	pkd	50	Hypericum Forf...Johnswort.....	pkd	83
Collinsonia...Stonewort or Oxalis.....	pkd	50	Hyssopus Off...Hyssop.....	pkd	84
Columba, Coc. Pal...Columbo.....	pkd	50	Ichtyos...Skunk Cabbage.....	pkd	85
".....	pkd	50	".....	pkd	86
Comptonia Asp...Sweet Fern.....	pkd	50	Impatiens Pallida...Jewel Weed or Whit.....	pkd	87
Conium Mac...Poison Hemlock.....	pkd	50	".....	pkd	88
Convolvulus...Large Solomon Seal.....	pkd	50	Inula Helonum...Elecampane.....	pkd	89
Convolvulus...Man in Earth.....	pkd	50	".....	pkd	90
Cornus Florida...Dogwood.....	pkd	50	Ipecacuanha...Brazil Ipecac, pure.....	pkd	91
".....	pkd	50	Ipecacuanha...Jalap.....	pkd	92
Cornus Florida...Swamp Dogwood.....	pkd	50	Iris...versicolor...Blue Flag.....	pkd	93
Coptis Trifolia...Gold Thread.....	pkd	50	".....	pkd	94
Coriandrum...Coriander seed.....	pkd	50	Jeffersonia Diphylla...Twinkleleaf.....	pkd	95
".....	pkd	50	".....	pkd	96
Corydalis Formosa...Turkey Pea.....	pkd	50	Juglans Cinerea...Butternut...bark root.....	pkd	97
".....	pkd	50	Juniperus Sabina...Savin leaves.....	pkd	98
Cochlearia Off...Horseradish.....	pkd	50	".....	pkd	99
Cuba...Onch berries.....	pkd	50	".....	pkd	100
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	101
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	102
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	103
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	104
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	105
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	106
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	107
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	108
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	109
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	110
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	111
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	112
Cucurbit...Cucurbit.....	pkd	50	".....	pkd	113
Cucurbit...Cucurbit.....	pkd	50	".....	pk	

[illegible]

## FOREIGN DRUGS AND CHEMICALS.

For the accommodation of many of our customers, we keep a full assortment of Foreign Medicines and Chemicals. The following list of prices, subject to the fluctuation of the market, will be found advantageous, by enabling the purchaser to make a proper selection.

Acetic No. 8.....	per lb.	30	Castor, Russia.....	per oz.	2
Pyroligneous.....	do	20	Castor in the sack.....	per oz.	1 1/2
Benzoin.....	per oz.	40	Chloroform, bottle extra, pure.....	per lb.	1 1/2
Citric.....	per lb.	1 40	Chinoline.....	per oz.	11
Carbolic cryst.....	per lb.	1 20	Cinchona Sulph.....	do	20
do do.....	per oz.	10	Chloral Hydr.....	do	20
Tartaric.....	per lb.	70	Cinchonidia Sulph.....	do	20
Arsenious, pure.....	per oz.	10	Colloidion.....	per lb.	1 1/2
Gallie.....	do	40	do bottles.....	per doz.	1 1/2
Hydrocyanic U. S. F.....	do	25	Cocculus Indicus.....	per lb.	3
Hypophosphorus.....	do	40	Copperas.....	do	5
Lactic Concent.....	do	1 25	Copper Sulphate.....	do	5
Muriatic.....	per lb.	20	Corrosive Sublimate.....	do	1 1/2
do C. P.....	do	40	Cowage Down.....	per oz.	7 1/2
Nitric, 41%.....	do	20	Crass Tartar.....	per lb.	3
do C. P.....	do	40	Creosote.....	per lb.	1 1/2
Oxalic.....	do	20	Corks, Vial, Taper, No 2.....	per gross.	2 1/2
Phosphoric Glacial.....	per oz.	25	do do do 2.....	do	20
do dilute.....	per lb.	60	do do do 4.....	do	20
Pyrogall.....	per oz.	1 00	do do do 6.....	do	20
Sulphuric.....	per lb.	20	do do do 8.....	do	20
do C. P.....	do	40	do do do 10.....	do	20
Sulphurous.....	do	75	do do do assorted, 1 to 6.....	do	20
Salicylic pure.....	per oz.	75	do Pint bottle.....	do	40
Amalic.....	per lb.	1 00	do Quart do.....	do	1 00
Alum.....	do	10	Cart Plaster.....	per doz.	1 1/2
Ammonia Aqua, strong.....	do	18	Eleterium.....	drachm.	1 1/2
do dilute.....	do	30	Eluxir of Opium, McMan's.....	per doz.	1 1/2
Carbonate.....	do	30	Epsom salts.....	per lb.	1 1/2
Muriate.....	do	30	Ether Acetic.....	do	1 1/2
Valerianate.....	per oz.	1 25	do Nitrous (Spirita nit. dulce).....	do	20
do Elixir.....	per lb.	1 25	do Sulphuric.....	do	20
Ammon Bromide.....	do	1 00	do Concentrated.....	do	1 1/2
do do.....	per oz.	10	Empty Capsules, No. 2.....	per box	1 1/2
Antimony Tartrate, pure.....	per lb.	1 40	do No. 1.....	do	1 1/2
do Wine of.....	do	1 00	Ess. Jam G nger.....	per doz.	4
Arrow Root, Bermuda.....	do	40	Fumigating Pasteils, Box.....	do	25
do Jamaica.....	do	40	do Lumps.....	each.	1 1/2
Arsenic.....	powd.	15	Farina.....	per lb.	2
do Fowler's Solution.....	do	25	Galls Blue 60 do. pulv.....	do	7 1/2
do Donovan's.....	do	50	Gin. Genuine Holland.....	per gal.	3 1/2 to 4
Blasanth, Sub. Carb.....	per oz.	25	Guaiac, Resin.....	do	10
do Ammon. Cit. Sol.....	per lb.	75	do Wood ground.....	do	7 1/2
Blue Mass.....	do	1 00	Gelatin, select white.....	do	1 1/2
Balsam Capiva, pure.....	do	1 20	do do red.....	do	1 1/2
do Fir.....	do	75	do Cox's.....	per doz.	1 1/2
do Tolu.....	do	1 75	Gine Cam.....	per lb.	2
do Peru.....	per oz.	20	do White.....	do	2
Behrner Sulph.....	do	2 75	Gold Chloride 16 gr. vials.....	per bot.	2
Bismuth Subnitrate.....	do	75	do And Soda Chloride, 30 gra.....	do	2
Blethering Tissue, Brown's.....	per can	2 00	Glycerine, pure, inodorou.....	per lb.	1 1/2
Borax Refined.....	per lb.	20	do No. 1.....	per gal.	3 1/2
Burnum Pitch.....	do	25	Gum Arabic, white, selected.....	per lb.	20
Boxes Pill, paper nested.....	per paper	20	do do No. 2.....	do	40
do do shouldered.....	do	30	do Galbanum, selected.....	do	1 1/2
do Wood do.....	do	25	do Ammoniac.....	do	75
do Tin 1/2 oz.....	per doz	15	do Asafetida.....	do	40
do do 1 oz.....	do	20	do do powdered, pure.....	do	40
do do 2 oz.....	do	30	do Benzoin.....	do	1 00
Camphor.....	per lb.	50	do Tragacanth, common.....	do	60
Calomel.....	do	1 40	do do select white.....	do	1 1/2
do Hydro. sublimed, in 1 lb bots.....	do	1 80	do Resin Hemlock.....	do	50
Cantharides.....	do	2 25	Hydrarg Cum Creta.....	do	20
do pulv.....	do	2 50	Ha'lem Oil, genuine.....	per doz.	7 1/2
Capules, Capiva, No. 1.....	per doz.	80	Hypophosphite Potash.....	per oz.	20
do do No. 2.....	do	1 00	do Ammon.....	do	40
Cassia (Cinnamon).....	per lb.	50	do Iron.....	do	75
do powdered.....	do	60	do Lime.....	do	30
do buds.....	do	1 20	do Quinia.....	do	6 00
Chalk, common.....	per lb.	10	do Soda.....	do	30
do prepared.....	do	20	do Manganese.....	do	1 00
do precipitated.....	do	40	Iodine, resublimed.....	do	60
			Iron by Hydrogen.....	do	15
			do Carbonate, precipitate.....	per lb.	30
			do Proto Carbonate, Vallet's mass.....	do	20
			do Citrate soluble.....	per oz.	20
			do Ferro Cyanide, pure.....	per lb.	1 40
			do do 1 ounce vials.....	per oz.	20
			do Hydrated Per Oxide.....	per lb.	75
			do Sulphate, pure.....	do	20
			do Strychnia Citrate.....	per oz.	30

Tartrate, Soluble.....	per oz.	20	Oil Rik. Pepper.....	per oz.	10
Solution, pernit.....	per lb.	20	Caraway.....	per oz.	30
Phosphate.....	do	90	Chamomile.....	per oz.	30
Quinia Citrate.....	per oz.	60	Citronella.....	per oz.	15
Persulph (Monsel's).....	do	20	Copaiba.....	per oz.	2 50
Hyposulphite.....	per oz.	50	Rhodium.....	per oz.	1 00
Arcuate.....	per oz.	50	Rose.....	dr.	1 00 to 2 00
Syrup Iodide.....	per lb.	75	Seneca.....	per lb.	25
Yulph.....	per oz.	65	Spilke.....	per lb.	30
Lactate.....	do	35	Tar distilled.....	per lb.	50
Per Nit. Solution.....	per lb.	60	Tobacco.....	per oz.	2 50
Per Chloride do.....	do	75	Wormwood.....	per oz.	40
Sulph. Exld.....	do	30	Ointment, Mercurial, half Mer.....	per lb.	1 00
Tannate.....	per oz.	65	Ointment, Mercurial, third Mer.....	per lb.	80
Valerianate.....	do	75	" all others of U S Dispensary.....		
Pyrophosphite.....	per lb.	1 40	Opium.....	per oz.	50
Land Moss.....	per oz.	15	" pure.....	per oz.	75
Am. Moss.....	per lb.	20	" Elzlr. McMonna.....	per doz.	4 00
Glass Cooper's.....	per lb.	1 50	Orange peel, ground.....	per lb.	30
" Am.....	do	2 50	Orris root.....	per lb.	25
" Russia.....	per oz.	50	Pepsin, Haughton's.....	dry per oz.	75
Edige.....	per lb.	1 20 to 1 75	".....	liquid per oz.	75
Do. True.....	per lb.	40	Pomegranate Peel.....	per lb.	75
Sugar of, pure.....	per lb.	40	Potassa, Liquor, U. S. F.....	per lb.	40
Guaiac root, select.....	25		" Arsenite, Fowler's Sol.....	per lb.	35
" bulb.....	30		" Citrate.....	per lb.	1 50
" Extract, Aliv.....	30		" Sulphite.....	per lb.	75
" Calabaria.....	60		" Bisulph.....	per lb.	1 50
" pulv.....	80		Piperine.....	per oz.	1 25
Wood, chipped.....	80		Persia, Sheffer's.....	per oz.	80
Extract by the box.....	18		Potash, Caustic, white.....	per lb.	1 40
Iodide.....	do	50	" Acetate.....	per lb.	70
Nitrate Cryst.....	per lb.	70	" Carbonate, Salts, Tart.....	per lb.	25
Sol. Act. Solution.....	lb.	50	" Bi-Carbonate, Crystals.....	per lb.	50
Tannate.....	per oz.	50	" Nitrate, Saltpetre, ref. pure per lb.....	per lb.	30
Carb. precip.....	per lb.	30	" Chloride.....	per lb.	40
Chloride.....	do	20	" Sulphate, pulv.....	per lb.	25
Phosphate.....	do	60	Potash Chlor. them. pure.....	per lb.	75
Sulphite.....	do	30	Potash, Bromide.....	per lb.	80
Bisulph.....	per gal.	35	" Iodide.....	per oz.	25
Sodium.....	per lb.	1 50	" Manganate.....	per oz.	25
Magnesia Carbonate.....	per lb.	75	Powders, Selditz.....	per oz.	3 00
" Calcined.....	per doz.	3 50	" Soda.....	per doz.	2 50
" Nubaria.....	per doz.	3 50	Quassa, Rasped.....	per lb.	15
" Dento.....	per oz.	80	Quinine, Sol. Powers & Weightman's.....	per oz.	2 50
Iodide, proto.....	per oz.	80	" Valerianate.....	drachm	1 00
" Am Chlor (whit. precip).....	per lb.	2 00	Quinine, Cincho.....	do	1 50
Quina, small stake.....	1 50		Quinidia, Sulph.....	do	1 75
Morphia Acetate, Muriate & Sulph.....	dr.	65	Rod. Precipitate.....	per lb.	1 00
Salting.....	per lb.	1 00	Rhubarb Root, India.....	per lb.	1 40
Anise.....	per oz.	35	" pure.....	per lb.	1 50
Bergamot.....	per oz.	40	Rhubarb, Turkey.....	per lb.	5 00
Cedrat.....	per lb.	80	Rochelle Salts.....	per lb.	50
Cinnamon.....	per oz.	20	Salacine.....	per oz.	60
Chives.....	per oz.	35	Santonine.....	per oz.	90
Cubeb.....	per oz.	20	Scammona, Virgin.....	per oz.	1 25
Custon, Eng.....	per oz.	90	Seed, Anise.....	per lb.	40
Hemlock.....	per lb.	80	Caraway.....	per lb.	40
Jalap.....	per lb.	1 50	Fennel.....	per lb.	40
Lavender.....	per lb.	2 50	Fennugreek.....	per lb.	30
Jalap Berries.....	per lb.	3 00	" pulv.....	per lb.	30
Cod Liver.....	per gal.	3 00	Cardamom.....	per lb.	3 00
Lemon.....	per oz.	40	Coriander.....	per lb.	80
Origanum, Com. 75, pare.....	per lb.	1 00	Silver, Nitrate, Crystals.....	per oz.	1 20
Perminut.....	per oz.	40	" Lunar Caustic pure.....	per oz.	1 20
Pantheral.....	per oz.	25	Silver, Nitrate, No. 1. (61 per c. sil).....	per oz.	1 00
Rosmary.....	per lb.	2 00	Soup, Castile.....	per lb.	50
Sassafras, pure.....	per lb.	1 00	Soda, Carbonate, sal. soda.....	per lb.	30
Tansy.....	per oz.	40	" Chlor. Sol. Labarague.....	per doz.	2 50
Wintergreen.....	per oz.	40	Soda Bicarb.....	per lb.	10
Caster.....	per gal.	1 60	" Sulphite.....	per lb.	60
Almonds, sweet.....	per lb.	50	" Hyposulphite.....	per lb.	20
Cod Liver, pure, in pills.....	per doz.	7 00	" Sulphate.....	per lb.	5
Oil of sweet, common.....	per gal.	3 00	" Phosphate.....	per lb.	60
Oil fine Salad, large.....	per doz.	3 00	" Bisulphite.....	per lb.	3 00
Oil fine Salad, small.....	per doz.	3 50	Spermacet.....	per lb.	75
Copala.....	per lb.	30	Sponges, all kinds.....	2 00 to 4 00	
Rosemint.....	per lb.	5 00	Stramonium, Crystals.....	drachm	50
Savin.....	per oz.	20	Sugar, Milk, pulv.....	per lb.	85
Spiramul.....	per oz.	20	" Sublimed.....	per lb.	15
Wormseed.....	per oz.	30	" Vivum.....	per lb.	50
Amber, root.....	per lb.	1 25	" Precipitated.....	per lb.	60
			Syrup Hypophosphates.....	per lb.	75
			" Phosphates Com.....	per lb.	75
			Taplooc.....	per lb.	35



EACH

Glasses, Glass, half pint.....	75
do do 4 ounce.....	50
do Iron, turned, ½ gal.....	1 75
do do do 1 gal.....	2 50
do Apothecaries', 6 in.....	1 25
do do 8 in.....	1 50
do do standard.....	6 50
do do mov. pans.....	7 00
do 3 to 12 inches, per inch.....	8
do Machines, brass, 24 pills.....	9 00
do do 18 pills.....	8 00
do Files, plate and graduated.....	50 to 1 25
do screws, pocket.....	25
do Lignum Vitæ handles.....	50
do Pressers.....	75
do Telescopes, Wood.....	75
do Hard Rubber.....	1 25
do Flexible Rubber ends.....	1 25
do Cantman's double.....	7 00
do Rectums, glass silvered vaginal.....	75
do do rectum.....	75
do do do.....	75
do Ricord's, 4 blade vaginal.....	19 00
do Duckbill vaginal.....	10 00
do two blade, ear.....	2 50
do Western, silver, male.....	1 00
do do female.....	75
do do Combined.....	1 75

## POCKET INSTRUMENTS.

Compact Double Instruments, Prof. Gross.....	22 00
do Shell Handle.....	20 00
do do.....	15 00
do Fold, with double Catheter.....	15 00
do Fold, with single Catheter.....	14 00
do Fold, with combined Catheter.....	13 00
do Fold, with single Catheter.....	11 00
do Fold, with single Catheter.....	8 25
do Fold, without Catheter.....	7 50
do Fold, with double Catheter, Portmon.....	18 00
do Fold, double Instruments, shell Handle, Prof. Howe.....	17 00
do Fold, shell handle.....	18 00

## TOOTH FORCEPS.

File.....	1 75 to 2 00
Tooth Keys.....	2 00 to 2 50

## HYPODERMIC SYRINGES.

Hard Rubber, 1 tube.....	2 00
do 2 tubes.....	2 50
Glass, 2 tubes.....	3 50
Glass and Metal, 2 tubes.....	4 00

## MISCELLANEOUS.

Dissecting Cases, full.....	5 00
do do small.....	4 00
Single Scalpel.....	1 00
Single Forceps.....	1 00
Single Bistoury.....	1 00
Single Throat Lancet.....	75
Single Gum Lancet.....	75
Single Abscess Lancet.....	75
Cupping Case.....	6 00
do do with Saccharator.....	10 00
Single Saccharator.....	4 50 to 5 00
Tongue Depressors, silver plated.....	1 00
do do German Silver.....	1 00
Palmer's Battery.....	10 00
Kidder's Battery, Electro Magnetic.....	11 00
Koster's Battery, double current.....	12 00
Nasal Douche improved.....	1 50
Trocar and Canula.....	1 75
Fever Thermometer.....	2 50
Fever Thermometer self Registering.....	3 50
Atomizers, Comman & Shurtin.....	5 00
do Hand bulb.....	3 00
Dr. Morrell's Vaginal Irrigator.....	1 75

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

## SURGICAL INSTRUMENTS.

## AMPUTATING AND TREPHINING.

do Mahogany Case.....	\$32 00
do Perforated Instruments.....	

## AMPUTATING.

do Mahogany Case.....	28 00
do Perforated Instruments.....	
do Capital Knife.....	4 50
do Short Knife.....	3 00
do Forceps, Liston's.....	3 50
do Capital Saw.....	4 50
do Metacarpal Saw.....	2 00

## TREPHINING.

do Mahogany Case.....	16 00
do Single Trephining.....	3 50
do Dr. Hays'.....	1 00
do Saw.....	1 75
do Scalpel.....	1 00

## EYE INSTRUMENTS.

do with 9 Instruments, Ivory Handles.....	14 00
do Single Needle.....	1 50
do Strabismus Instruments.....	8 50
do Single Knife.....	1 50
do Single Sclerotic.....	1 75
do Single Forceps.....	1 25

## OBSTETRICAL INSTRUMENTS.

do Enges, Meigs, or Davis' Forceps.....	8 00
do Plain Straight.....	8 00
do do.....	2 50
do Forceps.....	3 25
do Forceps.....	3 50
do Mont Hook and Crotches.....	1 50
do Obstetrical Case complete.....	20 00

We are the Agents for Doctor  
**BROWN'S RENOVATOR**, an Instru-  
ment for the treatment of disease, by  
Acupuncture and Counter irritation.  
Prices for full set, comprising Instru-  
ment, Book and Medicines \$12.00.

**WE ARE THE AGENTS FOR**  
**WILLIAM R. WARNER & CO'S**  
**CELEBRATED**  
**Sugar-Coated Pills and Granules.**

	100	500
AGUE: Chinoidin 2 grs., Ext. Col. Co. 1/2 gr., Ol. Pip. Nig 1-4 gr., Ferri Sul. 1/2 gr.	87 50	83 50
ALOES: U. S. P.	40	1 75
ALOES ET ASSAFETIDA: U. S. P.	40	1 75
ALOES ET FERRI: Pulv. Aloes Soc. 1/2 gr., Pulv. Zingib. Jam. 1 gr., Ferri Sulph. Exsic. 1 gr., Ext. Conil. 1/2 gr.	40	1 75
ALOES ET MASTICI: Lady Webster	50	2 25
ALOES ET MYRRHUE: U. S. P.	50	2 25
ALOES ET NUX VOMICA: Pulv. Aloes Soc. 1 1/2 grs., Ext. Nux Vomica, 1/2 gr.	50	2 25
ALGERATIVE: Mass Hydragryl 1 gr., Pulv. Opil. Pulv. Ipecacoe. 1/2 gr.	50	2 25
AMMON BLOMID: 1 gr	75	2 50
ANALEPTIC: P. Antimonialis 1/2 gr., P. Res. Gualac. 1 gr., P. Aloes Soc. 1/2 gr., P. Myrrh 1/2 gr.	60	2 75
ANDERSON'S SCOTS	40	1 75
ANODYNE: P. Camphor 1 gr., Morphia Acetat. 1-2 gr., Ext. Hyoscyami 1 gr., Ol. Res. Capsici. 1-2 gr.	75	3 50
ANTHELMINTIC: Santonin, Calomel, ea. 1 gr.	60	4 75
ANTI-BILIOUS: (Vegetable) P. Ext. Coloc. C. 2 1/2 grs., Podophyllin, 1/2 gr.	60	2 75
ANTI-CHILL: Chinoidin, 1 gr., Ferri Ferrocyan. 1 gr., Ol. Piper Nig. 1 gr., Arsenic. 1-20 gr.	60	4 75
ANTI-CHLOROTIC: Potass. Chlor. 1 gr., Ferri Chlor. 1/2 gr., P. Podophyllin 1/2 gr., P. Myrrh 1/2 gr.	75	3 50
ANTI-CHORONIA: Zinc Valer 2 grs., Ferri Valer. 1/2 gr., Ext. Sumbul 1/2 gr.	75	3 50
ANTI-DYSPEPTIC: Strychnia. 1-40 gr Ext. B-ladonna. 1-10 gr., Pulv. Ipecac. 1-10 grs., Mass. Hydragr. 2 grs., Ext. Col. Co. 2 grs.	60	4 75
ANTIMONII COMP: U. S. P. [See Pil. Plummer]	40	1 75
ANTI-PERIODIC: Cinchinidin Sul. 1 gr., Res. Podophyllin 1-20 gr., Strychnia Sul. 1-20 gr., Colesemin. 1-20 gr., Ferri Sulph. Exs. 1/2 gr., Ol. Res. Capsici 1-10 grs.	80	3 75
ANTI-SPASMODIC: Ext. Hyoscyami, 1/2 gr., Morphia Acetat. 1-10 gr., Brom. Camphor. 1/2 gr., P. Capsici. 1/2 gr.	75	3 50
ANTI-SPLENETIC: P. Aloes Soc. 1 gr., P. Ammoniaci 1/2 gr., P. Myrrh 1/2 gr., Ext. Bryony. 1 gr.	60	2 75
APERIENT: Ext. Nuc. Vom. 1/2 gr., Ext. Hyoscyam. 1/2 gr., Ext. Coloc. C. 2 grs.	65	4 00
ASSAFETIDA: U. S. P.	40	1 75
" COMP. Assafetida, 2 grs., Ferri Sulph. Exsic 1 gr.	40	1 75
ASSAFETIDA ET RHEI: Assafetida, 1 gr., Pulv. Rhei 1 gr., Ferrum 1 gr.	75	3 50
ASTRINGENT: Ext. Geranii, 2 grs., P. Opil. 1/2 gr., Ol. Mench. Pip. 1-20 grs., Ol. Res. Zingiber. 1-20 grs.	60	2 75
BISMUTH: Subnit. 2 grs.	75	3 50
BISMUTH AND IGUATIA: Bismuth Sub. Carb. 4 grs., Ext. Ignatia Amara, 1/2 gr.	60	2 75
BISMUTH: Subcarb. 2 grs.	75	3 50
BISMUTH AND NUX VOMICA: Bismuth Sub. Carb. 4 grs., Ext. Nux Vomica 1/2 gr.	60	2 75
Calomel: 1/2 gr., 1, 2 and 3	40	1 75
Calomel: 6 grs.	80	2 25

	100	500
CALOMEL ET OPII: Calomel, 2 grs., Opium. 1 gr.	85	4 00
CALOMEL ET RHEI: Calomel, 1/2 gr., Ext. Rhei, 1/2 gr., Ext. Coloc. C. 1/2 gr., Ext. Hyoscyam. 1-2 gr.	75	3 50
CAMPBOR ET EXT HYOSCYAMUS: Campbor, 1 gr., Ext. Hyoscyamus, Eng. 1 gr.	50	2 25
CATHARTIC COMP: U. S. P.	60	2 75
CATHARTIC COMP. Imp: Ext. Coloc. Comp., Ext. Jalap. Podophyllin Lep-tandrin. Ext. Hyoscyamus, Ext. Ge-ni-b. Ol. Mench 3 grs.	60	2 75
CATHARTIC COMP. VEGETABLE: Podophyllin, Scammony, Ext. Colo-cynth. Aloes, Soap and Carliamon.	60	2 75
CATHARTIC COMP. CHOLAGOUE: Res. Podophyllin 1/2 gr., Pil. Hydragr 1/2 gr., Ext. Hyoscyami, 1/2 gr., Ext. Nux Vom. 1-10 gr., Ol. Res. Capsici, 1/2 gr.	60	2 75
CHAPMAN'S DINNER PILLS: Pulv. Aloes Soc. Pulv. Rhei Opt. Gum Mas-tich	60	2 75
CHEM OXALAT: 1 gr.	40	1 75
CHINOIDIN: 2 grs.	50	2 25
CHINOIDIN COMP: Chinoidin, 2 grs., Ferri Sulph. Exsic. 1 gr., Piperina, 1/2 gr.	60	4 75
CINCHON SUL: 1/2 gr.	75	3 50
COCCIA: Pulv. Res. Scammony, 1 gr., Pulv. Soc. Aloes. 1/2 gr., Pulv. Colo-cynth. 1/2 gr., Potass. Sulph. 1/2 gr., Ol. Caryophyl. 1/2 gr.	60	2 75
COOK'S: 2 grs., Pulv. Aloes Soc. 1 gr., Pulv. Rhei. 1 gr., Calomel, 1/2 gr., Sapon. Hispan. 1/2 gr.	60	2 75
COLOCYNTHIDIS COMP: 2 grs. U. S. P.	60	2 75
COLOCYNTH ET HYDRARG ET IPE-CAC: Pulv. Ext. Coloc Comp. 2 grs., Pil. Hydragr. 2 grs., Pulv. Ipecac 1-4 gr.	75	3 50
COLOCYNTH ET HYOSCYAMUS: Ext. Coloc. C. 2 1/2 gr., Ext. Hyoscyamus 1 1/2 gr.	75	3 50
COPALBA: U. S. P.	60	2 75
COPALBA ET EXT. CUBEBA: Pil. Copalbus, 2 grs., Oleo resin. Cubeba, 1 gr.	60	2 75
COPALBA COMP: Pil. Copalb. Resin Gualac. Ferri Cit. Oleo-resin. Cubeb. 1 gr., Pulv. Scilla, 1 gr., Potass. Nit. 3 grs.	60	2 75
DIURETIC: Sapo. Hispan. Pulv. 2 grs., Soda Carb. Exsic. 2 grs., Ol. Bucom Junip. 1 drop.	60	2 75
DUPUYTREN: Pulv. Gualac. 2 grs., Hyd. Chlor. Corroa. 1-10 gr., Pulv. Opil. 1/2 gr.	60	2 75
ECOPOLITIC: Ext. Aloes Soc. 2 grs., Ext. Nux Vomica. 1-2 gr., Res. Podophyllin, 3 10 gr., Ol. Caryophyl. 1-10 gr.	60	2 75
EMMENAGOGUE: Ergotine, 1 gr., Ext. Helleboro. Nig. 1 gr., Aloes. 1 gr., Ferri Sul. 1 gr., Ol. Sabina 1/2 gr., FEL. Novinum: Ox-gall, 2 grs., Powdered Jamaica Ginger, 1 gr.	60	2 75
FERRI (Quevenne's), 1 gr.	60	2 75
FERRI, CARD. (Valeto's) U. S. P. 3 grs.	40	1 75
FERRI, CITRAT. 2 grs.	50	2 25
FERRI, COMP. U. S. P.	60	2 75

FERRI IODID 1 gr.	45	3 00	PODOPHYLLIN, 1 gr.	75	3 50
FERRI LACTAT 1 gr.	50	2 25	PODOPHYLLIN ET HYDRARG: Podophyllin, $\frac{1}{4}$ gr. Pil. li drarg. 2 grs.	60	2 25
FERRI PHOSPHOS, 1 gr.	40	1 75	POTASS. BROMID, 1 gr.	75	3 50
FERRI VALER. 1 gr.	40	4 75	" " 6 grs.	25	0 50
FERRI ET QUAS. ET NUX. VOM: Ferri per Hydrag. 1 gr. Ext. Quassia 1 gr. Ext. Nux Vom $\frac{1}{4}$ gr.	75	3 50	" " IODID, 2 grs.	85	4 00
FERRI SAPONIS $\frac{1}{2}$ gr.	75	3 50	QUINIZ SULPH., $\frac{1}{2}$ gr.	90	4 25
FERRI ET STRYCHNIA: Strychnia, 1-2 gr. Ferri per Hydrag. (Quevedo's) 2 grs.	75	5 50	" " 1 gr.	1 40	6 75
FERRI ET STRYCHNIA CIT: Strych. cit. 1-2 gr. Ferri Cit 1 gr.	75	3 50	" " 2 grs.	2 15	13 50
FANTOGUE COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	" " 8 grs.	4 00	19 75
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	ET EXT. BELLADONNA: Quina Sulph 1 gr. Ext. bellad. $\frac{1}{2}$ gr.	75	8 50
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	QUINIA ET FERRI: Quin. Sulph. 1 gr. Ferri Carb. (Valley) 2 grs.	1 75	8 50
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	QUINIA ET FERRI: Cit. 1 gr.	75	3 50
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	" " 2 grs.	1 40	6 75
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	QUINIA ET FERRI ET STRYCHNIA: Quin. Sulph. 1 gr. Ferri Carb. (Valley's), 2 grs. Strych. Sul. 1-2 gr.	1 75	8 50
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	QUINIA ET FERRI: Strych. Sul. 1-2 gr.	1 75	8 50
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	QUINIA, IODOFORM AND IRON: Iodoform, 1 gr. Ferri Carb. (Valley's) 2 grs.	3 00	14 75
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	QUINIA ET FERRI: Valer. 2 grs.	3 50	17 50
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	QUINIA ET STRYCHNIA: Quina Sulph 1 gr. Strychnia, 1-2 gr.	1 75	8 50
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	QUINIA, Valerianate, 1 gr.	1 40	0 75
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	Quin. U. S. P. Pulv. Rini, 3 grs. Pulv. Saponis, 1 gr.	75	3 50
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	RHEI, COMP. U. S. P. Pulv. Rhei, 2 grs.	75	3 50
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	Pulv. Aloes Socot. 1 $\frac{1}{2}$ grs. Myrra, 1 gr. Ol. Ment. Pip.	75	3 50
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	RHEUMATIC: Ext. Coloc. C. 1 $\frac{1}{2}$ grs.	90	4 25
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	Ext. Colchic. Acet. 1 gr. Ext. Hyoscyam. 1 gr. Hydg. Cantor. Mit. $\frac{1}{2}$ gr.	1 00	4 75
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	SANCTONIS, 1 gr.	1 00	4 75
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	SYMPHYLLIN: Potass. Iod. 2 $\frac{1}{2}$ grs.	1 00	4 75
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	Hyd. Chlor. Corrus. 1-40 gr.	1 00	4 75
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75	TONIC, Ext. Gentiane, 1 gr. Ext. Humani, $\frac{1}{2}$ gr. Ferri Carb. Sacch. $\frac{1}{2}$ gr.	60	2 75
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75	Ext. Nux Vom. 1-20 gr. Res. Puro. 1-20 gr. Ol. Res. Zingib. 1-10 gr.	60	2 75
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75			
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75			
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75			
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75			
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75			
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75			
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75			
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75			
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75			
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75			
FERRI COMP: Ext. Gentian, $\frac{1}{2}$ gr. P. V. Sues Soc 2 grs. Ol. Carot. 1-2 grs.	40	1 75			
FERRI COMP: Pulv. Camboegas Pulv. Aloe Socot. Pulv. Zingib. Jam. Pulv. Saponis	40	1 75			
FERRI COMP: Ext. Gent					

## SPECIFIC MEDICINES.

	PER DZ.	PER GAL.		PER DZ.	PER GAL.
Acid, Hydrochloric, Dilute.....	\$ 80	\$ 30	Helonias.....	2 50	
" Sulphurous .....	80	30	Hepatic.....	1 20	
Aconite .....	2 00	55	Hydrastis .....	2 00	
Agri-monia .....	1 80	50	Hyoscinatus.....	2 25	
Alantus .....	2 50	65	Hydranges .....	1 80	
Alnus .....	1 80	50	Ipecacuanha.....	5 00	
Amygdalis Persica.....	1 80	50	Iris Versica.....	1 80	
Apocynata Can.....	1 80	50	Juglans.....	1 80	
Aralia Hip.....	1 80	50	Kalmia.....	1 80	
Acid Carbolio.....	1 40	40	Leptandra.....	1 00	
Asclepias.....	1 80	50	Lobelia.....	2 25	
Apis.....	3 00	80	Macrotys Rac.....	1 50	
Belladonna.....	2 00	55	Myrica Cer.....	1 80	
Boletis Laricia.....	3 00	80	Nux Vomica.....	1 80	
Baptisia Tinct.....	1 80	50	Panax Quing.....	2 25	
Bryonia.....	3 00	80	Phosphorus.....	1 75	
Cactus Grandif.....	5 00	1 50	Phytolacca.....	1 80	
Cannabis Indica.....	3 00	80	Pulsatilla.....	3 00	
Caulophyllum.....	1 80	50	Prunus.....	1 80	
Corydalis.....	2 25	60	Ptelea.....	2 00	
Colchicum Seed.....	1 80	50	Polymnia Uvedalia.....	2 25	
Collinsonia.....	1 80	50	Rhus Toxicodend.....	3 00	
Conium.....	1 80	50	Rumex Crisp.....	1 80	
Cypripedium.....	2 00	55	Rheum.....	5 00	
Coffee.....	2 50	65	Stramonium.....	1 80	
Cinnamon.....	2 25	60	Senecio.....	1 80	
Colocyth.....	2 50	65	Sticta.....	3 00	
Cuprum.....	2 25	60	Staphisagria.....	3 00	
Carbo-Veg.....	2 00	55	Sullingia.....	2 25	
Chelidonium.....	2 00	55	Sambucus.....	1 80	
Chionanthus.....	2 25	60	Senna.....	1 80	
Digitalis.....	2 00	55	Veratrum Viride.....	2 25	
Drosera.....	3 00	80	Viburnum.....	1 80	
Ergot.....	3 00	80	Xanthoxylum.....	2 25	
Epilobium.....	1 80	50	Mayer's Ointment.....	1 80	
Erygium.....	1 80	50	Stramonium.....	1 80	
Eupatorium Purp.....	1 80	50	Phosph Soda.....	7 00	
Eunymus.....	1 80	50	Sulphite Soda.....	7 00	
Euphorbia Cor.....	1 80	50	Podophyllin Triturated, per oz.....	1 80	
Gelesminum.....	3 00	80	Hydrastis Sulph.....	1 80	
Galium Ap.....	1 80	50	Sanguinaria Nitrate.....	2 25	
Grindelia Robusta.....	3 00	80	Yerba Santa.....	2 25	
Hamamelis.....	1 00	30			

## ELIXIRS AND WINES.

	PER DZ.	PER GAL.		PER DZ.	PER GAL.
Elixir Gallaya and Iron.....	85	5 50	Elixir Brom. Potassa.....		
Elixir Gallaya, Iron and Strychnia.....	85	5 50	Elixir Gallaya.....		
Elixir Gallaya, Iron and Bismuth.....	85	5 50	Elixir Tereb. Camph.....		
Elixir Peppin, Bismuth and Strychnia.....	80	10 00	Elixir Buchu.....		
Elixir Phos. Iron, Quina and Strychnia.....	2 00	14 00	Elixir Buchu and Potassa.....		
Elixir Pyrophosph. Iron.....	75	5 00	Wine of Wild Cherry.....		
Elixir Valerianate Ammon.....	1 00	7 50	Wine of Wild Cherry, Fermented.....		
Elixir Gentian.....	00	4 00	Wine of Peppin.....		
Elixir Gentian, Fermented.....	75	5 00	Wine of Iron, bitter.....		
Elixir Peppin and Ptelea.....	9 00	14 00	Wine of Iron, with land.....		

H. M. MERRELL &amp; CO.

CINCINNATI, OHIO

# THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its version into chyle, and is therefore the most important remedy for Dyspepsia that has ever been introduced.

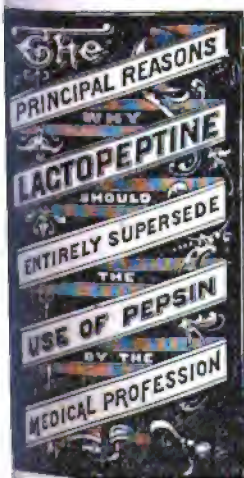
LACTOPEPTINE acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



### FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Teg. Pyalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 fl. "
		Powder and Mix.	

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.



- 1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 gra. of Pepsin and 4 gra. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE to PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

*All the statements made in this Circular are the result of repeated and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than double during the past two months, by producing several of its component parts free from alienaneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners, its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMEMORATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHOM ENUNERATE CASES WHERE Pepsin ALONE HAD FAILED TO BENEFIT, BUT FINALLY BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pantoine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Medical and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an indigestion, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were encouraging.

*A large proportion of diseases are the result of imperfect digestion.*

---

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often unaided by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—OO—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—OO—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—OO—

WOLCOTT, WAYNE CO., N. Y., Jun's 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 40 years.

JAMES M. WILSON, M. D.

—OO—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—OO—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—OO—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,  
while the same quantity of any standard preparation of Pepsin  
in the market will dissolve but three ounces.*

---

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, MO., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—  
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

SMOKE, M. D.

—oo—  
INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *extremo moris*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—  
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—  
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calissaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—00—  
ARTICLE ON LACTOPEPTINE. BY LAURENCE ALEXANDER, M. D. OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was sent in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large per centum of just such cases on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, succeeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbonic acid, so highly extolled by some practitioners. In its combination with iron, lime and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant

### TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, and Troches.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, etc., Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 gra. Lactopeptine and 16 gra. Phosphate of Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARRICK manufacture a full line of Fluid Extracts.*

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	aa dr. iii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the interval, and if the attack does not recur, then continue the mixture daily for one week at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iii.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth, Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated

*All our goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the acrotysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

#### D. 3.—FOR MALARIAL DYSPESIA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. fl. vi.
	Ph. Ex. Cinchona Com., . . . . .	—
	Tinc. Nux. Vomica, . . . . .	aa dr. xi.
	Spts. Lavender Comp., . . . . .	oz. ss.
	Hydrocyanic Acid Dilut., . . . . .	dr. ss.
	Syr. Aromatic Rhubarb, . . . . .	oz. ss.
	Sulphate Quinine, . . . . .	dr. ss.

*M. Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and at time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

#### D. 4.—FOR CHRONIC DIARRHŒA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Liq. Opil. Comp. (Squibb's), . . . . .	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut., . . . . .	dr. i.
	Syr. Aromatic Rhubarb, . . . . .	dr. ii.
	Pulv. Nit. Bismuth, . . . . .	dr. ss.
	Aqua Camph., . . . . .	oz. ss.

*M. Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, bed time, even if the diarrhœa is apparently checked at that hour, and this rule, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely banished.

—oo—

### PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

### COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia, 1 dr.
Senna, 2 "
Scammony, 6 grs.
Liquorice, 1 dr.
Ginger, 3 grs.
Coriander, 5 "

With flavoring ingredients.

*Dose.*—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originally with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*All our goods are of guaranteed strength and uniformity.*

**Strychnia Compound Pill.**

Strychnia, - - - 1-100 grain.  
Phosphorus, - - - 1-100 "  
Ex. Cannabis Indica, 1-16 "  
Ginseng, - - - 1 "  
Carb. Iron, - - - 1 "

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

Ext. Blood, - - - 2 grains.  
Quinine Sulph., - - 1 grain.  
Sesqui Oxide Iron, - - 1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

**HEMA PILLS.**

We beg to present to the Medical Profession for their special consideration several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Pauum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HÆMA** (Ext. Blood), 4 gra.

Dose.—Two to four

90 cts. per hundred.

**HÆMA COMP.**

Ext. Blood, 2 gra.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

**HÆMA, QUINIA, IRON AND STRYCHNIA.**

Ext. Blood, 2 gra.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.**

**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARNRICK, Manufacturing Pharmacists,**

**198 FULTON STREET, NEW YORK.**

H. HILL.

R. M. BYRNES.

## PRICES CURRENT

— OF —

# RESINOIDS,

SOLID AND FLUID EXTRACTS,

CERATES, PLASTERS, OINTMENTS, POWDERS,

SYRUPS, TINCTURES, Etc., Etc.

PREPARED BY

H. H. HILL & CO.

WHOLESALE AND MANUFACTURING DRUGGISTS,

S. E. Cor. Fifth and Race Streets, Cincinnati, Ohio.

---

TO OUR FRIENDS AND PATRONS.

---

To meet the demand for Quotations of our articles, and to facilitate answers, we again issue a Catalogue, which, we hope, may be useful both in giving our customers an idea of the class of goods we manufacture and keep for sale, and, at the same time, serve for reference when ordering their supplies.

The prices given are, of course, subject to the fluctuations of the market. Should a variation from the within figures be noticed in our invoices, it must be attributed to the subsequent changes in the prices of goods. Our customers may be assured that we will, at all times, give them the benefit of the lowest prices. Orders are filled as promptly as circumstances will permit. All goods are carefully packed, and delivered in good condition to the transportation companies. In case of damage or loss, persons will please look to the transportation company for damages, and not to us.

A liberal discount made according to amount purchased.

We will give special quotations for large quantities when desired.

Containers Boxes, etc., are billed at reasonable rates.

**TERMS CASH ON DELIVERY.**

# PRICES CURRENT

## —OF—

# CONCENTRATED PREPARATIONS

### BESINOIDS AND ALKALOIDS

	From Tag Alder	Per oz.
Albun.	"	\$1 00
Ampelopsin.	" American Ivy	1 25
Apocynin.	" Dogbane	1 70
Asclepidin.	" Pleurisy Root	1 80
Baptisin.	" Wild Indigo	1 25
Caulophyllin.	" Blue Cohosh	90
Cerasin.	" Cerasus	1 25
Cimicifugin or Macre-	" Black Cohosh	60
Colocynthis.	[tin. Colocynth	3 50
Cornin.	" Dogwood	85
Corydalin.	" Turkey Tea	3 00
Cypripedin.	" Ladies' Slipper	1 75
Digitalin.	" Foxglove	1 80
Dioscorein.	" Wild Yam	1 75
Eryngin.	" Corn Snakeroot	1 00
Eucynin.	" Wahoo	1 75
Eupatorin.	" Boneset	1 00
Eupurpurin.	" Queen of Meadow	1 70
Gelseminin.	" Yel. Jessamine	2 75
Geranin.	" Cranesbill	1 00
Gilenin.	" Amer. Ipecac	1 25
Helonin.	" Unicorn Root	2 50
Hydrastin.	" Golden Seal	1 75
Hydrastia, Mur.	"	2 60
Hydrastia, Sul.	"	3 50
Hyocycin.	" Henbane	3 50
Irisin.	" Blue Flag	1 40
Jalapin.	" Jalap	3 00
Juglandin.	" Butternut	90
Lepandrin.	" Culver's Root	65
Lobelin.	" Lobelia	2 40
Menisperm.	" Yel. Parilla	1 75
Myrcin.	" Bayberry	1 00
Panduratin.	" Conv. Pandurat	1 25
Phytolactin.	" Garget or Poke	1 25
Populin.	" Aspen Poplar	1 20
Podophyllin.	" Mandrake	60
Prunin.	" Wild Cherry	90
Ptelin.	" Wafer Ash	1 50
Rhusin.	" Sumach	1 00
Rumicin.	" Yellow Dock	1 00
Sanguinarin.	" Bloodroot	1 25
Scutellarin.	" Scullcap	3 00
Senecionin.	" Liferoot	1 00
Stillingin.	" Stillingia	3 75
Trillin.	" Birthroot	1 25
Veratrin.	" Amer. Hellebore	2 25
Verbenin.	" Blue Vervain	1 25
Yiburnin.	" High Cranberry	2 00
Xanthoxylin.	" Prickly Ash	1 75

### OLEO RESINS AND ETHERIAL OILS.

	Per oz.
Oleo-Resin of Aletris (Aletrin, Soft)	\$0 50
" Apocynum (Apocynin, Soft)	50
" Asclepas (Asclepidin, Soft)	50

### Oleo Resins and Etherial Oils—Continued

Oleo-Resin, Eupatorium Purpureum (Eupur'in, Soft)	Per lb.
" Iris Versicolor (Iridin, Soft)	4 00
" Liatris (Liatrin, Soft)	4 00
" Ptelea (Ptelin, Soft)	4 00
" Rhus Glabra (Rhusin, Soft)	4 00
" Xanthoxylum (Xanthoxylin)	4 00
Oil (by Ether), of Arnica (Flos. Arnica)	4 00
" Capsicum (Cayenne, Af.)	4 00
" Ergota (Ergot)	4 00
" Filix Mas (Male Fern)	4 00
" Lobelia Sem. (Lobelia Seed)	4 00
Oil (by Ether), Piper Nigrum (Black Pepper)	4 00
" Stillingia Syl	4 00
" Xanthoxylum	4 00

### SOLID EXTRACTS.

	Ale.	Can.
	Per lb.	Per lb.
Aconitum Nap.	Aconite	\$4 00
Anthemis Nob.	Chamomile	4 00
Apocynum And.	Bitter Root	4 00
Apocynum Canab.	Indian Hemp	4 00
Arctium Lappa	Burdock	4 00
Asclepias Tub.	Pleurisy Root	4 00
Atropa Belladonna.	Belladonna	4 00
Aletris Farinosa.	Unicorn Root	5 50
Aralia Rac.	Spikenard	4 00
Barosma Cren.	Buchu	5 00
Baptisia Tinct.	Wild Indigo	4 00
Cannabis, Ind.	Ind. Hemp True	3 50
Caulophyllum T.	Blue Cohosh	3 50
Chimaphila Um.	Princes Pine	4 00
Cimicifuga Rac.	Black Cohosh	3 50
Cinchona.	Peruvian Bark	6 00
Columba.	Columbo	3 00
Colocynthis.	Colocynth	6 00
Colocynthis Co.	Colocynth Comp.	5 00
Corydalis For.	Turkey Tea	4 00
Cornus Florida.	Boxwood	3 50
Conium Mac.	Poison Hemlock	4 00
Cubeba.	Cubeba	6 00
Cypripedium.	Nervine	5 00
Digitalis	Foxglove	3 50
Dioscorea Vil.	Wild Yam	4 00
Dulcamara.	Bitter Sweet	4 00
Eupatorium Perf.	Boneset	3 75
Eupatorium Purp.	Queen Meadow	4 00
Gentiana.	Gentian	3 00
Gelseminum.	Yellow Jessamine	3 00
Geranium, Mac.	Cranesbill	3 00
Gossypium.	Cotton Root	6 00
Hydrastia Can.	Golden Seal	4 00
Hyocyanus.	Henbane	5 00
Humuli.	Hops	4 00

## SOLID EXTRACTS—Continued.

		Alc. Per lb.	Com'n. Per lb.
patica Amer.	Liverwort.....	3 00	1 50
versicolor.	Blue Flag.....	4 00	1 50
atus Am.	St. Ignatius Bean.....	.....	.....
apa.	Jalap.....	7 00	3 50
dans Cin.	Butternut.....	3 00	1 50
tuca Sat.	Garden Lettuce.....	3 00	1 50
tuca Elongata.	Wild Lettuce.....	3 00	1 50
elia Inf.	Indian Tobacco.....	5 00	.....
standra Virg.	Culver's Root.....	4 00	2 00
rribium Vul.	Hoarhound.....	4 00	1 50
rica Cer.	Bayberry.....	4 00	.....
r Vomica.	.....	60	.....
alis Acet.	Woodsorrel.....	4 00	2 00
aver Som.	Poppy.....	4 00	2 00
gonum P.	Smart Weed.....	3 00	1 50
tolacca Dec.	Poke.....	3 50	1 50
ophyllum P.	Mayapple.....	4 00	1 25
ulus Trem.	Aspen.....	4 00	.....
gus Virg.	Wild Cherry.....	3 00	1 25
ka Tri.	Wafer Ash.....	4 00	.....
elsa.	Quassia.....	6 00	.....
gens A.	White Oak.....	3 00	.....
in Glab.	Rhubarb.....	7 00	.....
ba Val.	Sumach.....	3 00	1 75
ex Cri.	Blackberry.....	4 00	2 00
ha.	Yellow Dock.....	3 00	1 50
guararia Can.	Savine.....	4 00	.....
aparilla.	Bloodroot.....	4 00	2 00
"	American.....	4 00	2 00
"	Compound.....	4 00	.....
"	Honduras.....	5 00	2 50
bellaria Lat.	Sculicap.....	4 00	.....
sa Alex.	Senna.....	4 00	.....
agia Syl.	Queen's Root.....	4 00	.....
moeli.	Stramonium.....	4 00	2 00
acum.	Dandelion.....	4 00	1 00
"	Red Clover.....	2 00	.....
Urd.	Bearberry.....	4 00	2 00
mano.	Engt Valerian.....	5 00	.....
rum Viride.	White Hellebore.....	5 00	.....

## FLUID EXTRACTS.

Our Fluid Extracts are prepared from the best articles that can be procured in this and other markets. Each pint contains the medical properties of one pound of the ground article, from which it is prepared, as fully as they can be obtained by the use of the best apparatus, and careful manipulation. They are put in pint bottles, but will be put up in quantities, to suit the wants of our customers.

		In lb. Bottles.
Ext. Aconiti Fol.	Aconite Leaves.....	\$1 40
Aconiti Rad.	Aconite Root.....	1 50
Aletris Far.	Urnicorn.....	1 60
Alnus Rub.	Tag Alder.....	1 25
Anthemis.	Chamomile.....	1 45
Apocynum And.	Bitter Root.....	1 30
Apocynum Canab.	Indian Hemp.....	1 50
Artemisia Absin.	Wormwood.....	1 25
Arctium Lappa.	Burdock.....	1 25
Aralia Rac.	Spikenard.....	1 30
Asclepias Tuber.	White Root.....	1 40
Asarum Can.	Wild Ginger.....	1 50
Arnica.	Arnica.....	1 50
Aralia Spinosa.	Prickly Elder.....	1 50
Atropa Belladonna.	Belladonna.....	1 60
Baptisia Tinc.	Wild Indigo.....	1 50
Barosma Cren.	Euchu.....	1 60
Berberis Vul.	Barberry Bark.....	1 50
Cannabis Ind.	Ind'n Hemp, True.....	2 50
" Sativa.	" Com.....	1 40
Caulophyllum Thal.	Blue Cohosh.....	1 25
Capicum An.	African Cayenne.....	1 60
Calcestrus Scan.	False Bitter Sweet.....	1 25
Cela Acutifolia.	Senna.....	1 40
Celona Glab.	Balmomy.....	1 50

## FLUID EXTRACTS—Continued.

Fluid Ex.		In lb. Bottles.
Podophyllum Pel.	Mayapple.....	1 25
Polygala Senega.	Senega.....	2 00
Polygonum Punc.	Water Pepper.....	1 25
Chenopodium.	Wormseed.....	1 40
Chimaphila Um.	Pipsissewa.....	1 30
Cimicifuga Rac.	Black Cohosh.....	1 25
Cinchona.	Pale.....	1 60
Cinchona.	Calisaya.....	2 50
"	Red.....	2 75
"	Compound.....	2 50
Cissampelos Par.	Pareira Brava.....	.....
Colchichi Rad.	Colchium Root.....	1 50
" Sem.	" Seed.....	1 60
Collinsonia.	Stone Root.....	1 25
Cornus Florida.	Boxwood.....	1 25
Corydalis For.	Turkey Pea.....	1 50
Cucum Colocyn.	Colocynth.....	2 00
Columbo.	Columbo.....	1 25
Conium Mac.	Conium.....	1 40
Cubeba.	Cubeba.....	1 50
Cypripedium Pub.	Ladies' Slipper.....	1 40
Digitalis.	Foxglove.....	1 40
Diocorea.	Wild Yam.....	1 25
Datura Stramon.	Thorn Apple.....	1 25
Euonymus Atr.	Wahoo.....	1 40
Eupatorium Perf.	Boneset.....	1 25
" Purp.	Queen Meadow.....	1 40
Ergota.	Ergot.....	2 25
Erigeron Can.	Fleabane.....	1 30
Gelseminum.	Yel. Jessamine.....	1 50
Gentiana.	Gentian.....	1 30
" Compos.	Gent. Compound.....	1 40
Geranium Mac.	Cranesbill.....	1 25
Glycyrrhiza.	Liquorice.....	1 25
Gossypium.	Cotton Root.....	1 30
"	" Bark.....	1 50
Hamamelis Virg.	Witch Hazel.....	1 25
Hepatica Amer.	Liverwort.....	1 50
Helonias.	Starwort.....	1 50
Hellanthemum Can.	Frost Weed.....	1 50
Hydrastis Can.	Golden Seal.....	1 30
Hyoscyamus.	Henbane.....	1 40
Humul.	Hops.....	1 30
Hydrangea Arbor.	Hydrangea.....	1 40
Inula.	Elecampane.....	1 35
Ipecacuanha.	Ipecac.....	3 00
Iris Versicolor.	Blue Flag.....	1 40
Juniperis.	Juniper Berries.....	1 25
" Sabina.	Savin.....	1 25
Jalapa.	Jalap.....	2 00
Juglans Cin.	Butternut.....	1 25
Krameria.	Rhatany.....	1 50
Kalmia.	Laurel.....	1 25
Lactuca Sat.	Garden Lettuce.....	1 30
" Elongata.	Wild Lettuce.....	1 25
Leptandra Virg.	Culver's Root.....	1 30
Liatris.	But'n Snake Root.....	1 40
Liriodendron.	Poplar.....	1 25
Lobelia Fol.	Lobelia Herb.....	1 25
" Sem.	" Seed.....	1 50
Lycopus.	Bugle.....	1 30
Macrotys Rac.	Black Cohosh.....	1 25
Marrubium.	Hoarhound.....	1 25
Mentha Piperata.	Peppermint.....	1 25
" Viridis.	Spearmint.....	1 25
Mitchella Repens.	Squaw Vine.....	1 30
Myrica Cerif.	Bayberry.....	1 25
Nepeta Cataria.	Catnip.....	1 25
Nymphaea Odor.	Pond Lilly.....	1 40
Nux Vomica.	Nux Vomica.....	1 50
Papaver Somnif.	Poppy.....	1 40
Pareira Brava.	.....	.....
Phytolacca.	Garget Poke.....	1 25
Ptelea.	Wafer Ash.....	1 40
Prunus Virg.	Wild Cherry.....	1 25
Quassia.	Quassia.....	1 25
Quercus Alba.	White Oak.....	1 25
Rhei.	Rhubarb.....	2 75
" et Potassa.	" & Potassa.....	2 25

## FLUID EXTRACTS—Continued.

Fluid Ex.	In lb.	Bottles.
Rhei Aromaticus.	Rhubarb Aromatic	3 00
" Bumer Crisp.	Yellow Dock.	1 25
" Bubus Vill.	Blackberry.	1 25
" " Strigosus.	Red Raspberry.	1 30
" Rhus Glabra.	Sumach.	1 40
" Mangulinaria Can.	Bloodroot.	1 25
" Sarsaparilla.	Sarsap. American.	1 40
" " " "	Compound.	1 50
" " " "	Honduras.	1 50
" Scilla.	Squilla.	1 40
" " Compound.	For Hive Syrup.	1 75
" Scutellaria.	Scullcap.	1 40
" Senecio Grac.	Life Root.	1 30
" Serpentaria.	Virgin Snakeroot.	1 50
" Silphium Per.	Rosin Weed.	1 50
" Spigelia.	Pink Root.	1 50
" " Compos.	Pink and Senna.	1 40
" Sillingsia.	Queen's Root.	1 50
" " " "	Compound.	1 65
" Symphit. Off.	Comfrey.	1 40
" Taraxacum.	Dandelion Root.	1 50
" " " "	R. & T.	1 30
" Tanacetum Vulg.	Double Tansey.	1 40
" Trillium.	Bethroot.	1 40
" Uva Ura.	Bearberry.	1 25
" Valerian.	English.	1 50
" Veratrum Viride.	Am. Hellebore.	1 50
" Viburnum.	High Cranberry.	1 40
" Xanthoxylum.	Prickly Ash.	1 30
" Zingiber Jam.	Jamaica Ginger.	1 40
" " Afr.	African Ginger.	1 30

## DRUGS AND CHEMICALS.

Acid Acetic.	per lb.	20
" " Glacial.	"	31 00
" Arsenious.	per oz.	18
" Benzole.	"	35
" Boracic.	per lb.	75
" Butyric.	"	3 00
" Carbolic Crystals.	"	2 20
" " Solution.	"	75
" Chromic Crystals.	per oz.	40
" Citric.	per lb.	1 20
" Gallic.	per oz.	20
" Lactic Concent.	"	45
" " Dilut.	"	20
" Muriatic, Commercial.	per lb.	15
" " Chem., pure.	"	35
" Nitric, Commercial.	"	30
" " Chem., pure.	"	35
" Oxalic.	"	30
" Phosphoric Glacial.	per oz.	15
" " Dilute.	per lb.	50
" Prussic.	per oz.	30
" " Dilute.	"	12
" Pyroligneous.	per lb.	20
" Pyrogallic.	per oz.	50
" Sulphuric.	per lb.	15
" " Chem., pure.	"	35
" " Aromatic.	"	50
" Tannic.	per oz.	25
" Tartaric.	per lb.	65
Alcohol.	per gal.	2 50
Allspice, ground.	per lb.	30
Alum.	"	5
" Calcined.	per oz.	5
Ammonia Acetate.	per lb.	1 00
" " Aqua.	"	30
" Bromide.	"	1 40
" Carbonate.	"	30
" Citrate.	per oz.	20
" Iodide.	"	65
" Muriate, powd.	per lb.	25
" Nitrate Crystals.	"	50
" Phosphate.	"	1 40
" Spirit of.	"	50
" " Aromatic.	"	50

## DRUGS AND CHEMICALS—Continued.

Ammonia Valerianate.	per oz.	
Aniline Blue.	per lb.	5 00 to 10
" Brown.	"	2 30 to 3
" Green.	"	5 00 to 10
" Red.	"	2 25 to 3
" Violet.	"	3 00 to 5
Annatto.	per lb.	
Antimony, Butter of.	"	
" Potassa Tart.	"	
" Black.	"	
Anodyne, Hoffman's.	"	
Arrow Root, Bermuda.	"	
" Amer.	"	
Arsenic, powd.	"	
" Donovan's Sol.	"	
" Fowler's Sol.	"	
" Iodide.	per oz.	
Atropia Sulphate.	drachm.	
Bark, Angustura.	per lb.	
" Ash, Black, ground.	"	
" " Gray, ground.	"	
" " Frickly, powd.	"	
" " White, ground.	"	
" Alder, Black, powd.	"	
" Bayberry, powd.	"	
" Blackberry, powd.	"	
" Blackberry, ground.	"	
" Black Haw, ground.	"	
" Bitter Sweet (false), powd.	"	
" Birch, ground.	"	
" Canella, powd.	"	
" Cascarella, powd.	"	
" Cassia, powd.	"	
" Cherry, Wild, powd.	"	
" Cotton Root, ground.	"	
" Cramp, ground.	"	
" Cundurango.	"	
" Dogwood, powd.	"	
" Elm, select.	"	
" " powd.	"	
" Elder, common.	"	
" Hemlock, powd.	"	
" Ivy, Amer., ground.	"	
" Lemon, pulv.	"	
" Mezerion.	"	
" Oak, Red, ground.	"	
" " White, ground.	"	
" Orange, pulv.	"	
" Peruvian, Red, powd.	"	
" " Yellow, powd.	per lb.	
" Pomegranate Fruit.	"	
" " Root.	"	
" Sassafras, powd.	"	
" Wahoo, powd.	"	
" Wafer Ash, powd.	"	
" Witch Hazel, powd.	"	
Balsam Copaiva.	"	
" Fir.	"	
" Peru.	"	
" Tolu.	"	
Beans, Tonka.	per oz.	
" Vanilla.	"	
Bebeerine Sulphate.	per lb.	
Beeswax.	"	
Berries, Buckthorn.	"	
" Cubebs, powd.	"	
" Cocculus Indicus.	"	
" Juniper.	"	
" Poke.	"	
" Prickly Ash.	"	
Bismuth Subcarbonate.	"	
" Subnitrate.	"	
Blue Mass, Amer.	"	
" Eng.	"	
Borax, refined.	"	
Boxes, Pill, paper, nested.	per gross	
" " turned wood.	"	
Bromine.	per oz.	
" Chloride.	"	
Burgundy Pitch.	per lb.	

## BUGS AND CHEMICALS—Continued.

ter Cocoa.....	per lb.	75
est Tea.....	"	45
amine.....	"	30
um Bromide.....	"	3 25
" Chloride.....	"	3 25
" Iodide.....	per oz.	60
mel, Amer.....	per lb.	1 40
" Eng.....	"	2 25
ined Deer's Horn.....	per oz.	10
bon Bisulphuret.....	per lb.	60
ia Buds.....	"	90
lor Fiber.....	per oz.	35
harides, powd.....	per lb.	2 00
lam Oxalate.....	per oz.	40
lk, French.....	per lb.	20
" powd.....	"	15
prepared.....	"	15
precipitated.....	"	20
Red.....	"	10
uosal, Willow, powd.....	per oz.	25
iodine.....	per oz.	18
mal Hydrat.....	per lb.	2 40
roform.....	"	1 30
shona Sulph.....	per oz.	50
shonidia.....	"	1 00
wa, powd.....	per lb.	65
salt, powd.....	"	30
" Nitrate.....	per oz.	90
" Oxide.....	"	15
odon.....	"	15
" Cantharidal.....	"	25
agne Water.....	per lb.	60
eynth, powd.....	"	60
's Foot Rock.....	"	60
centrated Lye.....	"	20
ction Bases.....	"	65
" Senna.....	"	75
" Sulphate.....	"	20
".....	"	5
starch.....	"	15
" Vial, assorted, 1 to 6.....	per gross	20
" " No. 7.....	"	35
" " No. 8.....	"	45
" " No. 9.....	"	25
" " No. 10.....	"	65
" " assorted, 11 to 20.....	"	1 50
roductive Sublimate.....	per lb.	1 30
whage Down.....	per oz.	75
am Tartar.....	per lb.	50
voole.....	per oz.	10
utrine.....	per lb.	25
rens Powder.....	"	1 50
agon's Blood Reeds.....	"	1 20
rop Black.....	"	30
ladium.....	per oz.	.....
zitr Vitriol.....	per lb.	50
pon Salts.....	"	5
opt, powd.....	"	1 25
odine.....	per oz.	60
" Cinnamon, 1 oz.....	per doz.	75
" " 2 oz.....	"	1 25
" Lemon, 1 oz.....	"	75
" " 2 oz.....	"	1 25
" Peppermint, 1 oz.....	"	75
" " 2 oz.....	"	1 25
Acetic.....	per lb.	1 00
Butyric.....	"	2 80
Chloric.....	"	95
Sulphuric.....	"	75
Nit. Spirite.....	"	40

## DRUGS AND CHEMICALS—Continued.

Extract Raspberry (Flavoring).....	per doz.	1 50
" Rose.....	"	1 50
" Strawberry.....	"	1 50
" Vanilla.....	"	1 75
Fish Bone.....	per lb.	30
Flake White.....	"	30
Flowers, Arnica.....	"	30
" Chamomile, Eng.....	"	45
" " Ger.....	"	55
" Dogwood.....	"	25
" Elder.....	"	25
" Hollyhock.....	"	50
" Kousso.....	"	1 25
" Lavender.....	"	25
" Linden.....	"	60
" Marsh Mellow.....	"	60
" Mullein.....	"	50
" Saffron.....	"	1 00
Gelatine, Cox's.....	per doz.	2 40
" Cooper's.....	per lb.	1 00
Glue, Common.....	"	20
" White.....	"	90
Glycerine, pure.....	"	35
Guarana.....	"	2 25
Gualac Chips.....	"	15
Gum Aloes.....	"	30
" " powd.....	"	85
" " Socot. powd.....	"	80
" Arabic.....	"	50
" " powd.....	"	65
Assafetida.....	"	35
" " powd.....	"	60
Camphor.....	"	45
Catechu.....	"	30
Euphorbium, powd.....	"	65
Gamboge, powd.....	"	80
Gualacum.....	"	50
Hemlock.....	"	80
" Kino.....	"	55
" Myrrh.....	"	50
" " powd.....	"	65
Opium.....	"	8 00
" " powd.....	"	12 00
Scammony, powd.....	"	13 00
Tragacanth.....	"	1 25
Herb Balmoney, powd.....	"	35
" Balsam, Sweet.....	"	25
" " Old Field.....	"	25
Boneset, powd.....	"	25
Catnip.....	"	25
Cannabis Ind.....	"	1 00
Chiretta.....	"	1 25
Coltsfoot.....	"	30
Celandine, garden.....	"	25
Century.....	"	25
Cleavers.....	"	25
Clover.....	"	25
Dittany.....	"	25
Feverfew.....	"	35
Five Finger.....	"	25
Fire Weed.....	"	25
Fleabane.....	"	25
Foxglove, powd.....	"	40
Gravel Plant.....	"	30
Golden Rod.....	"	25
Hardhack.....	"	25
Henbane.....	"	35
Heal All.....	"	25
Hearts Ease.....	"	25
Hoarhound.....	"	25
Horsemint.....	"	25
Hyssop.....	"	25
Iceplant.....	"	35
Ivy, ground.....	"	25
Job's Tears.....	"	30
John's Wort.....	"	25
Larkspur Herb.....	"	30
Lettuce, wild.....	"	25
Life Root, powd.....	"	25
" Everlasting.....	"	25

## FLAVORING EXTRACTS.

Extract Almond.....	per doz.	1 50
" Celery.....	"	1 50
" Cinnamon.....	"	1 50
" Lemon.....	"	1 50
" Orange.....	"	1 50
" Fine Apple.....	"	1 50

## DRUGS AND CHEMICALS—Continued.

Herb Liverwort.....	per lb.	30
Marjoram, sweet.....	"	35
Maiden Hair.....	"	25
Mayweed.....	"	25
Milfoil.....	"	30
Mugwort.....	"	30
Night Shade.....	"	30
Old Man.....	"	25
Origanum.....	"	30
Partridge Berry, ground.....	"	25
Pennyroyal.....	"	25
Peppermint, powd.....	"	30
Pipsissewa, ground.....	"	25
Ragweed.....	"	25
Rue.....	"	25
Sculicap, powd.....	"	25
Scrofula plant, ground.....	"	25
Smart weed.....	"	25
Southern wood.....	"	25
Spearmint, powd.....	"	25
Summer Savory.....	"	25
Tansy.....	"	25
Thorough wort, powd.....	"	25
Thyme.....	"	25
Vervain Blue.....	"	25
Violet.....	"	45
Water Pepper.....	"	25
Wickup.....	"	50
Wintergreen.....	"	35
Worm wood.....	"	30
Yarrow.....	"	25
Helra Piers.....	"	40
Hoffmann's Anodyne.....	"	60
Honey, strained.....	"	30
Hops.....	"	35
Indigo.....	"	1 30
Iodine, Bromide.....	per oz.	1 30
Chloride.....	"	5 50
Resublimed.....	per lb.	1 80
Isinglass, American.....	"	1 25
Coopers.....	"	30
Shred.....	"	30
Coxes.....	per doz.	30
Iron, Bromide.....	per oz.	30
Carbonate.....	per lb.	1 35
Citrate Soluble.....	"	1 25
and Quinine.....	per oz.	50
Ferrocyanid.....	per lb.	50
Hypophosphite.....	per oz.	1 60
Iodide.....	"	16
By. Hydrogen.....	per lb.	1 25
Sulphate pur.....	"	40
Tartrate and Ammonia.....	"	60
Valerianate.....	per oz.	60
Leaf. Aconite.....	per lb.	50
Belladonna.....	"	60
Buchu, long.....	"	35
short.....	"	35
Chestnut.....	"	3 50
Cocos.....	"	30
Dandelion.....	"	40
Foxglove, powd.....	"	25
Hardhack.....	"	30
Hemlock, poison.....	"	40
Henbane.....	"	25
Laurel.....	"	1 40
Matico.....	"	25
Mullein.....	"	30
Peach.....	"	30
Leaf. Privet.....	per lb.	30
Poppy.....	"	30
Raspberry.....	"	1 25
Rose.....	"	35
Senna, powd.....	"	25
Thorn Apple.....	"	30
Lead Acetate.....	"	10
Black, powd.....	"	30
Carbonate.....	"	35
Chloride.....	per oz.	60
Iodide.....	"	60

## DRUGS AND CHEMICALS—Continued.

" Nitrate.....	per lb.	"
Red.....	"	"
Subacetate Goulard's Ext.....	"	"
White.....	"	"
Lime Carbonate.....	"	"
Chloride.....	"	"
Hypophosphite.....	"	"
Phosphate Prec.....	"	"
Sulphate.....	"	"
Magnesia Calcined.....	"	"
Carbonate.....	"	"
Citrate Sol.....	per doz.	"
Nitrate.....	per lb.	"
Phosphate.....	"	"
Phosphite.....	per oz.	"
Sulphate.....	per lb.	"
Tartrate.....	"	"
Manganese Bromide.....	per oz.	"
Carbonate.....	"	"
Chloride.....	"	"
Citrate.....	"	"
Hypophosphite.....	"	"
Iodide.....	"	"
Oxide, Black, powd.....	per lb.	"
Phosphate.....	per oz.	"
Pyro.....	"	"
Sulphite.....	"	"
Mercury Distilled.....	per lb.	"
Acetate.....	per oz.	"
Ammoniated.....	per lb.	"
Iodine Bi.....	per oz.	"
Proto.....	"	"
Chloride Bi (Corr Sub).....	per lb.	"
Proto (Calomel).....	"	"
Nitrate Solution.....	"	"
Oxide, Black.....	"	"
Phosphate.....	"	"
Sulphuret.....	"	"
With Chalk.....	"	"
Manna.....	per lb.	"
Madder.....	"	"
Mace.....	"	"
Morphia Acetate.....	drachm	"
Muriate.....	"	"
Sulphate.....	"	"
Moss, Hair Cap.....	per lb.	"
Iceland.....	"	"
Irish.....	"	"
Musk, Canton.....	per oz.	"
Naptha. Wood.....	per lb.	"
Nutmegs.....	"	"
Nut Galls, powd.....	"	"
Nux Vomica, ground.....	"	"
OILS.		
Oil, Almond.....	per lb.	"
Anise.....	"	"
Bergamot.....	"	"
Castor.....	"	"
Cajeput.....	"	"
Camphor.....	"	"
Caraway.....	"	"
Capicum.....	per oz.	"
Cedar.....	per lb.	"
Cinnamon.....	"	"
Citronella.....	"	"
Cloves.....	"	"
Copiva.....	"	"
Cod Liver.....	"	"
Croton.....	per oz.	"
Cubebs.....	per lb.	"
Fennel.....	"	"
Flenbane.....	"	"
Geranium.....	per oz.	"
Hemlock.....	per lb.	"
Juniper.....	"	"
Barries.....	"	"
Lavender.....	"	"

## DRUGS AND CHEMICALS—Continued.

Lemon.....	per lb.	4 00
Linseed.....	"	15
Lobelia.....	per oz.	80
Nutsfoot.....	per lb.	20
Nutmeg.....	"	50
Seroli.....	"	—
Shive.....	"	30
Orange.....	"	2 75
Rhigum.....	"	1 10
Pennyroyal.....	"	2 50
Peppermint.....	"	4 50
Pumpkin Seed.....	per oz.	25
Rhodum.....	"	80
Rose, Otto.....	"	9 00
Rosemary.....	per lb.	2 00
Sage.....	per oz.	50
Sandalwood.....	"	1 25
Savin.....	per lb.	2 25
Sassafras.....	"	90
Spike.....	"	40
Skillings.....	per oz.	60
Spruce.....	per lb.	35
Sisal.....	per oz.	30
Sir.....	per lb.	50
Thyme.....	"	2 00
Wintergreen.....	"	4 00
Worm Seed.....	"	3 00
Wormwood.....	"	6 00
Went, Basiloon.....	"	50
Bayberry, comp.....	"	1 00
Bitter Sweet.....	"	75
Brown (Beach's).....	"	50
Citrine.....	"	60
Iodine.....	"	70
Comp.....	"	60
Marsh Mallow.....	"	60
Mayer's.....	"	75
Mercurial.....	1 00	
Stramonium, comp.....	"	60
Wild Indigo.....	"	60
Yellow Dock.....	"	60
B. Insp.....	per oz.	25
Bae, refined.....	per lb.	40
Green.....	"	35
h. American.....	per oz.	85
French.....	"	1 00
er, Black, ground.....	per lb.	35
Cayenne, powd.....	"	48
phorus.....	per oz.	20
h.....	"	1 25
Burgundy.....	"	20
Ayer's.....	per doz.	1 75
Brandreth's.....	"	1 75
Carthart Comp. U. S. P.....	per 100	60
Herriek's.....	per doz.	1 75
Hill's Liver.....	"	1 75
Holloway's.....	"	2 50
Jayne's San.....	"	1 90
Leptandrin Comp. S. C.....	per 100	75
McLean's.....	per doz.	1 70
Mofats.....	"	1 75
Podophyllin Comp. S. C.....	per 100	65
Schenck's.....	per doz.	1 75
Seller's.....	"	1 75
Telegraph.....	"	1 75
Wright's.....	"	1 75
As, a full assortment of others sold in the market.....	"	10
Per Paris.....	per lb.	10
Adhesive.....	per roll,	60
Arnica.....	per lb.	1 00
Belladonna.....	"	1 40
Comp.....	"	1 30
Burgundy Pitch.....	"	40
Capsicum Comp.....	"	75
Califacians.....	"	50
Cantharides.....	"	1 50
Court.....	per doz.	25
Diachylon.....	per lb.	50
Galbanum.....	"	80

## DRUGS AND CHEMICALS—Continued.

Plaster Galbanum Comp.....	per lb.	65
Hemlock.....	"	60
Healing.....	"	60
Isinglass.....	per roll,	60
Lead.....	per lb.	50
Litharge.....	"	40
Porous.....	per doz.	2 00
Roborans.....	per lb.	50
Tar Comp.....	"	35

## COMPOUND POWDERS.

They are compounded strictly according to the latest approved formulas, and are warranted to be of full strength. Private formulas compounded at reasonable prices.

Powder, Aromatic Comp.....	"	1 00
Asclepias.....	"	30
Bayberry.....	"	30
Camphor.....	per oz.	35
Chalk.....	per lb.	1 00
Comfrey.....	"	30
Cypripedium.....	"	35
Hydrastis.....	"	35
Ipecac.....	(Dov. P.).....	1 60
".....	(Dia. P.).....	1 20
Jalap.....	"	80
Lobelia.....	"	60
Pink Root.....	"	50
Poplar.....	"	80
Rhubarb.....	"	1 00
" & Potas.....	"	1 00
Tamarac.....	"	30
Potass., Acetate.....	"	60
Bicarbonate.....	"	50
Bichromate.....	"	30
Bromide.....	"	1 00
Carbonate.....	"	25
Caustic.....	per oz.	10
Chlorate.....	per lb.	50
Citrate.....	per oz.	15
Iodide.....	"	10
Prussiate.....	"	10
Sulphate, powd.....	per lb.	25
Quinine, Cincho.....	per oz.	1 60
Sulphate.....	"	2 55
Resin.....	per lb.	6
Bottom Stone.....	"	10

## ROOTS.

Root, Aconite, ground.....	per lb.	35
Althea, powd.....	"	35
Alkanet.....	"	25
Angelica.....	"	25
Avens.....	"	30
Beth, powd.....	"	30
Bitter, powd.....	"	30
Blackberry, ground.....	"	20
Blue flag, powd.....	"	25
Bryona.....	"	30
Burdock, ground.....	"	25
Calamus, peeled.....	"	50
Canada Snake, powd.....	"	30
Carpenter's Square, ground.....	"	25
Chitreta.....	"	25
Cohosh, Black, powd.....	"	25
" Blue, ".....	"	25
Colechicam.....	"	30
Colombo, powd.....	"	25
Comfrey, ground.....	"	25
Cotton, ".....	"	30
Coltsfoot.....	"	30
Pandelion, ground.....	"	25
Uwari Elder, ".....	"	25
Elecampene, powd.....	"	25
Galangal, powd.....	"	30

## DRUGS AND CHEMICALS—Continued.

Root Gentian, ".....	per lb.	35
" " American, powd.....	"	25
" " Ginger, African, ".....	"	24
" " Jamaica ".....	"	35
" Ginseng.....	"	1 25
" Gold Thread.....	"	1 00
" Golden Seal, powd.....	"	25
" Gelsemium, chd.....	"	35
" Hellebore, Black, powd.....	"	35
" " White, ".....	"	30
" Indian Hemp, Black, powd.....	"	30
" " White, ".....	"	30
" " Physic, powd.....	"	25
" " Turnip, ".....	"	30
" Ipacac, powd.....	"	1 50
" J-lap, ".....	"	65
" Ladies Slipper, powd.....	"	30
" Licorice, select.....	"	25
" " powd.....	"	30
" Life, powd.....	"	28
" Lovage.....	"	30
" Mayapple, powd.....	"	22
" Marsh Rosemary.....	"	35
" Male Fern.....	"	30
" Masterwort.....	"	25
" Milkweed, powd.....	"	25
" Man of the Ground, powd.....	"	24
" Orris, powd.....	"	25
" Parsley.....	"	35
" Paraira Beaver, chd.....	"	60
" Pellitory.....	"	50
" Peony.....	"	30
" Pleurisy, powd.....	"	25
" Pink, ".....	"	45
" Poke, ".....	"	25
" Poplar Aspen, powd.....	"	25
" " Yellow, ".....	"	25
" Pond Lily, ".....	"	30
" Queen Meadow, ".....	"	24
" Rhubarb, East India, powd.....	"	2 25
" Sarsaparilla, chd.....	"	45
" " American, chd.....	"	22
" Skunk Cabbage, powd.....	"	35
" Snake, Seneca, ".....	"	1 00
" " Virginia ".....	"	50
" " White, ".....	"	25
" Spikenard, chd.....	"	25
" Stillingia, chd.....	"	30
" Stone, powd.....	"	25
" Solomon Seal, chd.....	"	25
" Squills.....	"	25
" Unicorn, powd.....	"	35
" Valerian, ".....	"	45
" " Greek, powd.....	"	40
" Wild Ginger, ".....	"	30
" " Yam, ".....	"	20
" Yellow Dock, chd.....	"	20
" " Parilla, chd.....	"	20
" Salicine.....	per oz.	65
" Santonine.....	"	85
" Sassafras Pith.....	"	20
" Sago.....	per lb.	20
" Salts, Crab Orchard.....	"	45
" " Epsom.....	"	10
" " Glauber.....	"	5
" " Rochelle.....	"	5
" " Tartar.....	"	22
" Seed, Anise.....	"	35
" " Burdock, powd.....	"	25
" " Canary.....	"	20
" " Caraway.....	"	25
" " Cardamom.....	"	2 60
" " Celery.....	per oz.	10
" " Colchicum.....	per lb.	50
" " Coriander.....	"	25
" " Flax, ground.....	"	15
" " Hemp.....	"	10
" " Lark Spur, American.....	"	90
" " Lobelia, powd.....	"	45

## DRUGS AND CHEMICALS—Continued.

Seed Mustard, for Plasters.....	"	35
" " White.....	"	24
" " powd.....	"	35
" Pumpkin.....	"	25
" Rape.....	"	1 00
" Staphisagria.....	"	25
" Watermelon.....	"	35
" Worm.....	"	35
" Silver, Nitrate Crystals.....	per os.	1
" " stick.....	"	1
" Soap, Castile.....	per lb.	1
" " White.....	"	1
" Soda, Acetate.....	"	1
" " Arsenite.....	per os.	1
" " Bicarbonate.....	per lb.	1
" " Bisulphite.....	"	1
" " Caustic.....	"	1
" " Citrate.....	"	1
" " Hopophosphate.....	per os.	1
" " Hyposulphite.....	per lb.	1
" " Nitrate.....	"	1
" " Phosphate.....	"	1
" " and Ammonia.....	"	1
" " Pyrophosphate.....	"	1
" " Sulphite.....	"	1
" Spanish Brown.....	"	1
" Spermaceti.....	"	1
" Strychnine.....	per os.	1
" Sugar of Milk, powd.....	per lb.	1
" Sulphur, Flowers of.....	"	1
" Syrup, Blackberry, comp. (anodyne).....	"	1
" " Buckthorn.....	"	1
" " Hoarhound, comp.....	"	1
" " Honey Pectoral (Hill's).....	"	1
" " Ipecac.....	"	1
" " Iron Iodide.....	"	1
" " Lactophosphate Lime.....	"	1
" " Iron.....	"	1
" " Lemon.....	"	1
" " Lobe la Seed.....	"	1
" " Morphine, comp., Jackson's, C. S.....	"	1
" " Poplar, comp.....	"	1
" " Rhubarb Aromatic.....	"	1
" " and Potassa.....	"	1
" Sarsaparilla, American, comp.....	per gall.	1
" " Hond.....	"	1
" Seneca Snakeroot.....	per lb.	1
" Squills.....	per gall.	1
" " comp.....	per lb.	1
" Stillingia, comp.....	per gall.	1
" Thompson's, No. 5.....	"	1
" Yellow Dock, comp.....	"	1

## TINCTURES.

These tinctures are prepared by repercolation, hence made in large quantities they are much more uniform in strength than they would be if made in small quantities. Our long experience in this particular line of business, gives us many advantages in procuring Pure Herbs, Leaves, Roots and Seeds, at the proper time to preserve their full medical properties. The best materials are used, and we are confident that they will give satisfaction.

Tincture, Aconite, B.....	per lb.	1
" " F.....	"	1
" " Aloes.....	"	1
" " et Myrrh.....	"	1
" " Aralia Spl.....	"	1
" " Arnica.....	"	1
" " Asafoetida.....	"	1
" " Comp.....	"	1
" " Belladonna.....	"	1
" " Benzoin Comp.....	"	1
" " Buchu.....	"	1
" " Camphor.....	"	1
" " Comp. (Rheum. Tinct).....	"	1
" " Cannab's Ind.....	"	1

## DRUGS AND CHEMICALS—Continued. DRUGS AND CHEMICALS—Continued.

Cantharides.....per lb.	60	Tincture Rhubarb and Senna.....per lb.	60
Capsicum....."	40	" Scutellaria....."	40
Cardamom....."	60	" Sanguinaria....."	40
" Comp....."	70	" " Comp....."	50
Cascarilla....."	40	" Skunk Cabbage....."	40
Castor....."	75	" Serpentaria....."	45
" Ammo....."	75	" " Comp....."	70
Catechu....."	50	" Senna....."	40
Cactus Grand....."	2 75	" Sillingia....."	40
Calendula....."	1 00	" Seneca....."	50
Caulophyllum Comp....."	40	" Saffron....."	60
Cimicifuga....."	40	" Savine....."	40
" Comp....."	50	" Stramonium Seed....."	50
Cinchona....."	50	" Staphisagria....."	2 50
" Comp....."	55	" Tolu....."	40
" Ferrata....."	60	" Valerian....."	50
Cinnamon....."	60	" " Ammoniated....."	60
" Comp....."	60	" Water Pepper....."	40
Colchicum Seed....."	40	" Xanthoxylum (Berries)....."	50
" " Comp....."	40	" " Bark....."	40
Conium Mac....."	40	Tapioca.....per lb.	20
Cubebe....."	50	Tar Barbadoes....."	30
Columbo....."	40	" Pine, pure....."	20
Corydalis....."	40	Turpentine, spirits....."	15
" Comp....."	50	" Venice....."	40
Delphinium Con....."	60	Veratrum.....per oz.	2 60
Digitalis....."	40	Verdigris.....per lb.	50
Ergot....."	50	Wax, Bayberry....."	75
Erigeron....."	40	" Bees....."	45
Euonymus....."	40	" White....."	60
Ferri Chloridi....."	45	White Precipitate....."	2 20
Gelsemium....."	50	Whiting....."	5
Gentian Comp....."	50	Wine, Antimony....."	70
Galls....."	40	" Colchicum Seed....."	80
Guaiaac....."	50	" Ergot....."	75
" Aromatic (Greenhow's)		" Ipecac....."	80
Cholera Mixture....."	70	" Iron....."	65
" Ammoniated....."	60	" Opium....."	2 25
Helonias....."	40	Zinc, Acetate....."	70
Hellebore....."	50	" Bromide.....per oz.	50
Hops....."	40	" Carbonate.....per lb.	40
Hydrastis....."	40	" Iodide.....per oz.	70
" Comp....."	50	" Sulphate.....per lb.	20
Hyoscyamus....."	40	" Valerianate.....per oz.	60
Iodine....."	1 10		
" Comp....."	1 15		
Inula....."	40		
Iris Ver....."	40		
Kalmia Leaf....."	40		
Kino....."	50		
Krameria....."	40		
Lavender Comp....."	50		
Lobelia....."	40		
" Comp....."	70		
" and Capsicum Comp....."	50		
Lupulin....."	60		
Listris....."	40		
Macrotys....."	40		
Matico....."	50		
Myrrh....."	50		
" Comp (No. 6)....."	50		
Nux Vomica....."	40		
Oil Mentha, Pip....."	50		
" Viri....."	50		
Oil Cinnamon....."	50		
Opium....."	1 60		
" Camphorated....."	60		
Orange Peel....."	40		
Phytolacca Rac....."	50		
" Rad....."	50		
Poplar....."	40		
Populus Candicans....."	50		
Prickley Elder....."	40		
Podophyllum....."	40		
Quassia....."	45		
" Comp....."	40		
Rhubarb....."	70		
" Comp....."	75		
" and Aloes....."	65		
" and Gentian....."	60		

## SPIRITS.

Per gall.

Brandy, Cognac.....	from \$6 00 to \$12 00
" Rochelle.....	" 6 00 " 10 00
" Bordeaux.....	" 6 00 " 9 00
" Old Peach.....	" 4 00 " 6 00
" Cherry.....	" 4 00 " 6 00
" Domestic.....	" 3 00 " 5 00
Gin, Holland.....	" 2 50 " 6 00
Rum, Jamaica.....	" 4 00 " 6 00
" St. Croix.....	" 4 00 " 6 00
" New England.....	" 2 50 " 4 00
Whisky, Bourbon.....	" 1 75 " 5 00
" Rye.....	" 1 75 " 5 00
" Rectified, market price.....	" " " " "
Wines, Old Port.....	" " " " "
" pure juice.....	" 3 00 " 6 00
" Sherry.....	" 3 50 " 6 00
" Malaga.....	" 2 00 " 4 00

## FUNNELS, GLASS—Plain or Ribbed.

One-half pint.....	each 15
One.....	" 20
" Quart.....	" 25
" Half gallon.....	" 35
" ".....	" 50
Filtering Paper, assorted sizes.....	
Medicine Cases, Pocket, assorted styles, prices	
from.....	1 50 to 4 50
Mortars, glass.....	4 oz. 60
" ".....	" 8 85



# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

#### MANUFACTURERS OF

**Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammoniaë,  
Pure Concentrations, Spts. Nitre Dule.  
Gran'ted Effervescing Salts, Pure Powd'd Drugs  
Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added to our list:

Fluid Extract Jaborandi.  
Fluid Extract Damiana.  
Fluid Extract Guarana.  
Fluid Extract Eucalyptus Globulus.  
Fluid Extract Grindelia Robusta.  
Fluid Extract Bearsfoot.  
Fluid Extract Calendula.  
Fluid Extract Chestnut Leaves.  
Fluid Extract Cotton Root Bark, (from the fresh root.)  
Fluid Extract Gelseminum, (from the fresh root.)  
Pills of Picrate Ammonium, (sugar coated.)  
Brundage's Anti-Constipation Pills, (sugar coated.)

Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify P. D. & Co. on their prescriptions.

Our list of manufactures can be obtained of the following wholesale Druggists, at manufacturers' rates:

DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	- - - - -	Cincinnati.
Kenyon, Potter & Co.	- - - - -	Syracuse, N. Y.
George A. Kelly & Co.	- - - - -	Pittsburg, Pa.
Benton, Myers & Canfield,	- - - - -	Cleveland, O.
George M. Dixon,	- - - - -	Dayton, O.
A. Peier & Co.	- - - - -	Louisville, Ky.
Morrison, Plummer & Co.	- - - - -	Chicago, Ill.
Colburn, Birks & Co.	- - - - -	Peoria, Ill.
George A. Eddy,	- - - - -	Leavenworth, Kan.
Godbe, Pitts & Co.	- - - - -	Salt Lake City, Utah.
Reed, Williams & Co.	- - - - -	Toledo, O.
Farrand, Williams & Co.	- - - - -	Detroit, Mich.
Swift & Dodds,	- - - - -	Detroit, Mich.
Browning & Sloan,	- - - - -	Indianapolis.
Wheelock Finlay & Co.,	- - - - -	New Orleans.
Strong, Cobb & Co.,	- - - - -	Cleveland O.
J. W. Wood & Co.,	- - - - -	Kansas City, Mo.
J. Durbin,	- - - - -	Denver, Col.
Evans, Mercer & Co.,	- - - - -	Montreal, Q.



# **Eclectic Medical Institute.**

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2d, 1876. Preliminary Lectures from Sept. 1st.  
Spring Session Commencing February 1st, 1877.

---

For Annual Announcement, or other information, address  
**DR. J. M. SCUDDER,**  
**CINCINNATI.**

312

Price \$2 per Annum.

Single Copies 25 cts.

# THE Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. xxxvi.

Cincinnati, August, 1876.

No. 8.

## TABLE OF CONTENTS.

### Original Communications.

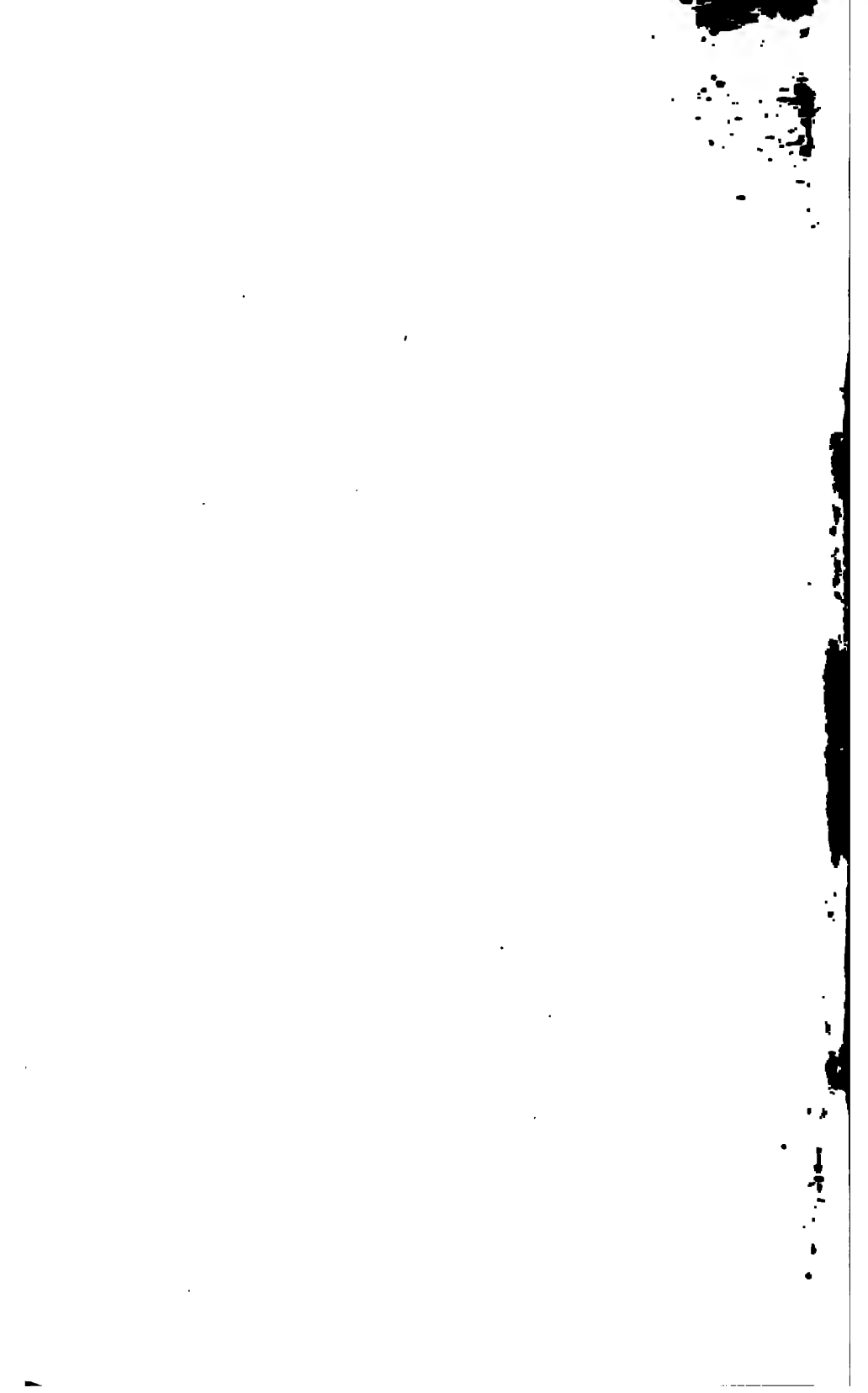
ART. LXIII.—Pharmaceutical Chemistry. By J. U. Lloyd.....	345
ART. LXIV.—Phytolacca, Sulphuric Acid and Corrosive Sublimate in Diseases of the Skin.—By D. Williams, M. D.....	349
ART. LXV.—Metrorrhagia. By I. J. M. Goss, M. D.....	351
ART. LXVI.—Too Late for the Fair.....	352
ART. LXVII.—Ovariectomy. By M. L. Doom, M. D.....	354
ART. LXVIII.—Is Belladonna a Prophylactic in Scarlatina? By John A. Thomas, M. D.....	355
ART. LXIX.—Definite Medicines. By E. I. Kirk, M. D.....	356
ART. LXX.—Cases in Practice. By T. E. Coffee, M. D.....	358
ART. LXXI.—Remarks on reported cases of Scarlatina. By I. A. Cooper, M. D.....	358
ART. LXXII.—Notes on the "National".....	359
ART. LXXIII.—Esmarch's Bandage. By A. J. Howe, M. D.....	361
ART. LXXIV.—Letter from Prof Scudder.....	365

### Periscope.

On Inherited Syphilis.....	366
The relation of the discharge of Ova to the period of Menstruation.....	368
The antiseptic properties of Oils and Fatty matters.....	369
On Puerperal Pyæmia.....	370
The Bilious Fever of the Tropics.....	371

### Editorial.

"Cellular Pathology".....	377
A Good Location.....	380
Aconite.....	382
National Medical Conventions.....	383
Temporary Relief for Ascites.....	388
A Distinction without a Difference.....	384
The State Eclectic Medical Society of Iowa.....	384
Beef Tea.....	384
Notes and Queries.....	385
A Woman on Women Doctors.....	386
Book Notices.....	386
Gleanings from the French and other Journals. By Prof. John King, M. D.....	390





REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

PHARMACY

MEDICINE

WM. R. WARNER & CO.

Manufacturing Chemists,

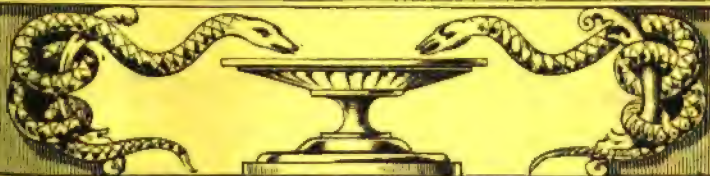
1228 MARKET STREET,

PHILADELPHIA.

MANUFACTURERS OF

Reliable Sugar-Coated Pills,  
Standard Fluid Extracts, Elixirs,  
Wines, Syrups, New Remedies and  
all Official Preparations.

SEND FOR PRICE-LIST.



\* \* \* \* \* Sugar Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.*

# WARNER & CO'S Phosphorus Pills.

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

**Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.**

*The Pilular form has been deemed the most desirable for the administration of Phosphorus.* It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

*This method of preparing Phosphorus has been discovered and brought to PERFECTION by us,* and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.**

	Price
Pil Phosphori, 1-100 gr. in each,	- - - - -
Pil Phosphori, 1-50 " "	- - - - -
Pil Phosphori, 1-25 " "	- - - - -
Pil Phosphori Comp.,	- - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomica, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Nucis Vomica,	- - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomica, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom.	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Quinae,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quina Sulph., 1 gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom. et Quinae,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	- - - - -
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quina Sulph., 1 gr.	- - - - -

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER & CO.**

Manufacturing Chemists,

No. 1228 Market St., Philadelphia.



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

*For Official and other*

## Sugar Coated Pills.



TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,

Yours. Respectfully

William R. Warner & Co

PHILADELPHIA

**Special Recipes made to Order for 3000 or more Pills.**

# WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

"MONTREAL, Dec. 2d, 1872.

"MESSRS. WM. R. WARNER & CO.

Gentlemen:

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,  
*Professor Mat. Med. University of Bishops College,  
Lecturer on Chemistry, Botany and Mat. Med.  
in the Quebec College of Pharmacy, etc., etc."*

## SUGAR-COATED QUININE PILLS

*From the St. Louis Medical and Surgical Journal,  
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced. Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:"—

"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.,

*Analytical Chemist."*

# THE ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

AUGUST, 1876.

No. 8.

---

## ORIGINAL COMMUNICATIONS.

**Art. LXIII.—Pharmaceutical Chemistry.\*** By J. U. LLOYD,  
Cincinnati, Ohio.

To arrive at certainty as regards the action of medicines, is the aim of every high-minded physician and friend of progress. When we think of the many diseases humanity is afflicted with, and the varying stages of these diseases, we realize the immensity of the work, and feel that the real desideratum of the day is to reach something definite in the relations of medicine to disease. We must do away with guess-work, with doubt, and with ignorance; casting aside all prejudice we must investigate until we find the medicine which invariably produces certain beneficial effects in specified abnormal conditions of the human economy. Hard work, experience, and close application can alone bring about these results.

Now for the sake of an illustration, let us suppose some physician has learned to distinguish with certainty each disease by which the human system can be influenced; that he understands the nature of each ill and ailment, even if in its most embryotic state. Will this knowledge upon the part of the physician help the person who has, or is threatened with disease? Will the simple fact of the learned physician's being enabled to say with certainty, "you are afflicted with such a disease," help the sick man? Will knowledge reduce the pulse and check a fever? Can knowledge simply as knowledge avail anything? I answer that a man might better try to expand the sails of an ocean ship by fanning them with a peanut shell than to look wise and try to cure a patient by saying "without the peradventure of a doubt, you are afflicted with *incipient Bright's disease*."

Let us go farther: suppose this learned physician has discovered an unfailing antidote for every disease; understands the remedy indicated by each symptom; has reduced the science to such a point that a single dose of medicine is always sufficient to restore the system to its normal state;

---

\*Read before the Ohio State Eclectic Medical Association, May 17th, 1876.

he has learned the exact properties of the remedies nature has supplied him with, and their relations to diseased conditions of the human system; over-doses are never given, repetition or change of medicine is never required. As the chemist understands the laws of combination, and can determine by calculation exactly the amount of this or that acid required to neutralize a certain weight of carbonate of potassium, our physician with like precision can make each grain of ipecac or strychnine or gelseminum overcome a certain amount of disease by removing the cause.

But to accomplish this, he must understand the medicines he is operating with; they must be unchangeable, reliable, not one strength to-day and another to-morrow. When the chemist makes his calculation he supposes the acid is of a definite strength and his carbonate of potassium pure; if the acid proves to be diluted with water, or the carbonate of potassium adulterated, his computations will fail. The original experiments which formed the basis of his calculations were made with pure materials; he will compute by tables deduced from these experiments, and he may calculate until dooms-day and fail in every instance if the materials afterward operated with are impure and adulterated. Knowledge avails nothing; all is guess-work and in like manner our learned physician must meet with disappointments if the medicines he uses are unreliable. Let us suppose he first experimented with pure powdered ipecac; if the material he afterward uses is adulterated, *it is not ipecac*. He can not hope to obtain satisfactory results from its administration, for medicines must be pure to be reliable. If we understand when and how to give them, medicines like chemicals, will act positively and directly. And we can no more expect to get the therapeutical effects of powdered rhubarb from yellow ochre, than we can the chemical properties of sub-nitrate of bismuth from phosphate of lime. If we ever hope to reduce the practice of medicine to a science of facts, it is necessary to understand each disease and its antidote, and as the first step in this direction, it is absolutely necessary that physicians be supplied with medicines that are invariable and unchangeable. They can not hope to practice with any degree of certainty or satisfaction while medicines of different strengths are upon the market; all purporting to be identical representatives of the active principles of certain crude drugs; and just here is where pharmaceutical chemistry enters the field.

Let us now suppose a pharmacist has mastered his vocation; understands the component principles of every herb, leaf, bark, and root, throughout the entire vegetable kingdom; and can invariably illustrate the appearance and chemical characteristics of each alkaloid, glucoside, vegetable acid, oil, etc; will that pharmacist always make a reliable pharmaceutical from drugs the market is supplied with? Can he be expected to take the crude botanical specimens in the market and send from his laboratory medicines reliable and unvarying, each article representing the active principles of the prime crude drug? I think he can not do so, and to introduce my proof, will ask my physician friends if they expect any amount of knowledge will enable mortal man to squeeze blood from a turnip? Let the pharmacist be ever so capable, he can not take a pound of worthless crude drugs and produce a pint of prime fluid extract. He can

not work roots that have lain moulding and rotting five or ten years in some botanical ware-house and obtain from them medicines that can be relied upon. He can not use drugs half destroyed by worms, and give physicians the counter-part of a medicine that was prepared from fresh, prime roots. There is reason in all things, and we could as reasonably ask the pharmacist to squeeze the turnip until it drips with vitalized blood as to perform the afore-mentioned impossibilities. I will now say that it is not safe to depend upon getting reliable crude drugs from the market; please remember that I am not *supposing* now. I speak of facts, I have stumbled over quite a number of these most distressingly melancholy realities myself; but just now, I will give you a few illustrations of what I assert, from other authorities. I have said enough individually, and the extracts I make may influence certain parties into believing that some time in the future it may be with adulterated medicines as the prophet Isaiah said of the great confusion which cometh by sin: "Instead of sweet smell there shall be stink."

*Arnica root.* Mr. E. M. Holms found in one package only 50 per cent. of the real root, and in another package only about 1 per cent. Mr. Hanbury had met with parcels containing no true arnica root at all.

*Belladonna root.* Mr. Holms met with packages imported from Germany containing some 50 per cent. of malvaceous roots.

*Dandelion.* Mr. C. B. Allair of Peoria, Ill., again calls attention to the great quantities of spurious so-called "American Dandelion," floating about. It is chicory. Every manufacturer has fluid ext. dandelion on his list, but none apparently has any fluid extract of chicory.

*Opium.* containing 10 per cent. of earthy matter was sent to Prof. Attfield by Mr. Romans.

*Serpentaria.* Prof. Maisch has received specimens of a spurious serpentaria found in bales shipped from the west. It was recognized as lady slipper root.

*Wild Cherry,* largely adulterated with sassafras bark has been met with by Prof. Maisch.

*Mustard,* was found to vary all the way from a mustard flavored with flour, to flour flavored with mustard.

The foregoing I have copied almost word for word from a book before me entitled, "Proceedings of the American Pharmaceutical Association, 1874." The quotations given are but a small portion of its contents upon the subject of adulteration; but I must shorten my paper and will accordingly stop and skip back to the proceedings for 1873, and quote a few words.

Here we are informed that "cardamoms are mixed with orange seeds and unroasted coffee to the extent of 4 per cent. Fine large ergot is scarce; a great deal of small-sized ergot is imported into this country, consisting only in part of ergot of rye.

"Guaiac wood containing its proper proportions of resin seems to have almost disappeared from the market. Mr. J. H. Schulz examined eleven samples obtained from leading drug houses in New York, Philadelphia, Chicago, and Milwaukee, and found all excepting one obtained from Milwaukee to be devoid of resin. The European market, chiefly English,

absorbs the best lots of jalap and turns the inferior article adrift over here—flour in powdered elm bark, 25 per cent. of adulteration in powdered orris root, pepper with common dust, mustard and corn-meal, cantharides with burnt acorns, &c. &c."

Will this business ever end? Let me close the book and glance at another marked "Proceedings 1871," trusting to find something more pleasant, but what do I read to begin with?

"The greatest adulteration is practiced, no doubt, in powders; principally on account of the difficulty of detection. We have been informed that certain wholesale drug houses have rooms set apart for the purpose of mixing powders, and we were informed of a regularly organized adulterating department in a house in Cincinnati with a foreman (no doubt of large experience) to superintend this special branch."

Let me out of this (which is in my opinion erroneous). Lightning is beginning to strike too near home. I will skip the remainder of this book like the man who left his country "for his country's sake."

The subject of "pharmaceutical chemistry" is a very serious one. We must not allow ourselves to treat it as a trifling matter. The patient's life, and the physician's reputation, depend as much upon the capability and conscientiousness of the pharmacist hundreds of miles away from the sick bed as it does upon the diagnosis and treatment of the attending physician. Pharmacists and physicians must work together. Physicians must demand pure medicines; they can not hope to accomplish decisive results in the way of placing their science upon a basis of facts with regard to disease and its treatment until they are universally operating with medicines definite in composition. Pharmaceuticals must be unchangeable without respect to the manufacturer, or where purchased. Pharmacists must demand prime drugs to manufacture from; they must make reliable medicines, and this can not be done from adulterated stock, from decayed and worm-eaten roots and herbs. That the mass of crude material upon the market is largely composed of this class of articles can not be disputed. Why is this the case? Principal among several reasons stands the following:

Roots, herbs, and barks are so cheap that it is impossible for responsible men to gather them and make living wages. (I will speak upon this in the future). The consequence is, our gatherers pay no attention to quality. Care in curing and preserving is unknown; among the majority, season of the year is a dead letter. The practice is, to gather roots when nothing else upon the farm can be done.

Next: many of our botanical druggists are perfectly unconcerned about quality. Cheapness is the main point. They would not purchase a bale of hay to feed their horse without careful examination, and yet will sit complacently "with a smile that is child like and bland" while load after load of roots are deposited in their ware-house. Pride in owning a sleek horse causes them to exert themselves in the one instance, life and death to human beings is all that hangs upon the other. The horse touches the pocket-book (I came near saying heart), the dying human is a stranger. There is a little food for reflection here.

It is largely of such stuff as I have mentioned that our medicines are

manufactured. *God help the poor pharmacist.* Please understand me not to be speaking of the man whose label is on each bottle, when I say *pharmacist*, but to the poor fellow out of sight of the world, who is compelled to take anything and everything, good, bad, and indifferent, that chance, man, and the devil may put into his hands, and from it make reliable *medicines*. Let us pity him and the poor patient who swallows his stuffs, and heaven will care for his employer.

I have said enough for the present. My opinion is that improvement in pharmaceutical chemistry is a desideratum, but before we can make it universally applicable, crude drugs that are not worthless must be placed at the disposal of every one who wishes to make reliable medicines. We must encourage learning, investigation, and education. We must frown on ignorance, prejudice, hypocrisy and deceit.

Let us feel for the sick and suffering with disease. The father, perhaps of a family dependent upon his health and work for support and food; or if a mother, the light, joy, and happiness of a household. Let us think of the distress and sorrow that sickness and death brings into the family circle, whether the stricken one be father, mother, or child; and let us resolve to do all that lies within our power to overcome the evil of adulterated medicines. Let us carry true Christianity with us through the week, even though we have to make less profession of theoretical religion on Sunday. Let us realize that a life is a life whether taken quickly or slowly; that we are as truly criminals in the sight of God if we slay with impure medicines as though we do the work openly with a dagger. Let us remember when called to the sick-bed, that into our hands and care has been intrusted the life of a loved one as precious to others as any member of our own household is to us. Let us carefully weigh the responsibility we have accepted and resolve "to do unto others as we would have others do unto us." With this resolution foremost in our hearts, we can not but realize that while we are using unreliable medicines we are trifling with the most precious of trusts—the life of a human being—and sinning against God and man.

**Art. LXIV.—Uses of *Phytolacca*, *Sulphuric Acid*, and *Corrosive Sublimate* in certain Diseases of the Skin.\*** By D. WILLIAMS, M. D., Alexandria, O.

I do not presume, in this paper, to announce any new departure or discovery in the treatment of diseases of the skin; but simply to call your attention to the value of some articles which do not seem to be generally used by the profession, and which have proved, in my hands, of such value that I do not now know where I could find substitutes for them.

The first that I would call attention to is *Phytolacca Decandra*, or common poke root. It is despised and hated by those who are least acquainted with its virtues; yet, for range and efficacy in treating diseases of the skin, it is "the head of the corner," and well worthy the first place in my paper.

\* Read before the Ohio State Eclectic Medical Association, May 17, 1876.

Prof. King, in his Dispensatory, tells us that an ointment made of the leaves or root of this plant is valuable in the treatment of scald-head, itch, and obstinate skin diseases.

In 1872 we had a family residing in our village, which had been troubled for a long time with a form of scabies which would not yield to any ordinary treatment. They had gone the rounds of a very thorough course of medication, but without relief; and they were beginning to fear that it must belong to the "seventeen year variety." The old gentleman said that ointment of sulphur only made the insect dig deeper, and other remedies commonly used did not seem to interfere in the least with their operations.

I ordered a bath of strong infusion of green poke root to be used every night for three or four successive nights, and following the last bath with a complete change of apparel. Result, a radical cure in every member of the family. This is but one of many cases of scabies which might be brought forward to show the value of *phytolacca* in destroying the insect.

Again, I find it of great utility in treating obstinate cases of acne. This is a disease peculiarly annoying to the patient, as the laity seem generally to associate these eruptions on the face with self-abuse. *Phytolacca* is my principal local remedy, and indeed I use it largely internally in the same disorder. It can be used in the tincture or infusion, and may be combined with Cologne or Florida water. At first it will sometimes appear to aggravate the disease, by bringing out its own peculiar pustules; but when they abate, the acne will generally disappear also. R Tinct. *phytolacca*, f3vj; cologne water, f3ij. M. Bathe the affected parts two or three times a day. R Tinc. *phytolacca*, tinc. *iris versic.*, aa. 3j; tinc. *gentian*, syr. *prunus vir.*, aa. 3iv. M. S.: dessert spoonful three times a day.

Continued treatment with the above will generally remove the most obstinate case. Of course I would not discard such constitutional treatment as each particular case would indicate.

In the various forms of eczema I find few articles of more value than *sulphuric acid*. In the Eclectic Medical Journal, three or four years ago, Prof. Howe recommends it in "cold sores" of children. This led me to test it in other forms of eruptions. I use it in the strength of ten to thirty drops of the pure sulphuric acid to the ounce of oil of sweet almonds. Mix thoroughly and apply to the affected part two or three times per day.

CASE—A young lady aged about 25 years. Eczema affecting the dorsal surface of both hands; of four months' standing. Ordered the sulphuric acid ointment with tonics and alteratives internally. In three weeks the hands were entirely healed, not a vestige of the disease remaining.

The next and last article which I shall bring before you is *bichloride of mercury*. I know it is at the risk of calling forth severe criticisms that I commend corrosive sublimate to a place in your armamentarium. But as Eclectics "select what is valuable, discard what is worthless, and supply what is wanting in the various systems of medical practice," we should not let old time prejudice restrain us from using any agent which experience proves to be valuable. My favorite formula for exhibiting it is as follows:—R Bichloride mercury, gr. x; aqua camphora, 3ij. M. In peoriasis it has only to be thoroughly tested to be valued.

**CASE.**—Mr. E., disease affecting the perineum, of long standing. *Treatment.*—Apply the above wash three times a day, and at night cover the affected part with glycerine. Result, a cure, with no return of the disease two years after treatment.

Again, in macula hepatica, or morph spots, corrosive sublimate is the local remedy. Medical writers differ as to the cause of this peculiar malady. Some attribute it to obstruction in the portal circulation, hence the name *hepatica*; others to some disorder of the genital organs. Be that as it may, we all know that this cutaneous blotch is annoying in the extreme to the patient, and often almost impossible to remove.

**CASE.**—Mrs. C., aged about 20 years; light hair, blue eyes, and fair complexion. The discoloration covered more than one-half of the body, and was of a dark yellowish brown color. She had been treated by a "regular" for about a year, and discharged as incurable—her attendant assuring her that nothing could be done until the morph had spread all over the body, and then it would be removed in the same gradual way in which it came on. Her general health was apparently good, with the exception of a slight derangement of the menstrual function, which was shown by the discharge being scanty and dark colored.

I ordered a wash of corrosive sublimate, and put her upon a tonic course of treatment. In eight weeks the trouble was entirely removed, and the skin fully restored to its original fairness.

Many other cases might be reported to sustain the evidence already adduced in favor of these agents; but I trust that enough has already been said to induce you to give them an impartial trial, and I will not trespass further on your valuable time.

---

*Art. LXV.—Metrorrhagia.* By I. J. M. Goss, M. D., Marietta, Ga.

This hemorrhage occurs at any other time than at the menstrual period. It may occur in the non-pregnant state of the uterus, in consequence of abnormal fluxion to that organ, or in consequence of morbid growths in the womb and disorganizations of it; or it may occur from those peculiar conditions that lead to a change of life in the female organization; and in this condition it is not easily distinguishable from menorrhagia. It sometimes occurs during pregnancy. In some rare cases, it is almost a rule, that the menstrual period is repeated several times after conception, without apparent injury to the fœtus. In other cases, however, hemorrhage during the first months of pregnancy is the fore-runner of abortion. Hemorrhage during the first and second half of the period of travail are often signs of placenta previa, or likewise fore-runners of miscarriage. It may occur after the expulsion of the child, whether it be at full term or before it. And to the accoucheur, such hemorrhages are of grave importance, as they are almost always (if not the result of mechanical injuries) the consequence of insufficient contractions of the uterus, from either protracted or exhausting labors, or a too rapid expulsion of the child, or a partially adhering placenta, or large coagula within the womb. When these hemorrhages occur late, during the lying-in time, they are usually not so profuse, and happen chiefly in women who do not nurse the child.

But sometimes they are caused by an inflammatory irritation of the womb, or by over-heating with excessive covering. It may be the result also of excess of diet, or of a too stimulating diet. These hemorrhages are usually preceded, or at first accompanied with chilly sensations. The flow is either in gushes, or a continuous flow of bright red or dark blood. The face becomes pale, the extremities grow cold; there is an anxious expression of the countenance, restlessness, with labor like pains or colic; sometimes there is difficulty of respiration; vomiting, and even convulsions may ensue. After a considerable loss of blood, there will be cold perspiration, darkness before the eyes, ringing in the ears, fainting, drowsiness, and a weak pulse.

*Treatment.* In metrorrhagia of a passive character, attended with anemia, iron alternated with hamamelis, or the tincture of the oil of erigeron can., will frequently arrest the flow. If there is relaxation of the uterus, however, ergot or caulophyllum will be required. Where hemorrhage occurs before confinement, and there is threatened abortion, viburnum prunifolium (black haw) alternated with canabis indicus will both arrest the hemorrhage and prevent abortion generally.

I had a case, recently, of metrorrhagia, evidently consequent upon that peculiar pathological condition of the uterus at the cessation of menstruation, or change of life, attended with a profuse flow of light colored blood of a very offensive odor, in which I tried a great many remedies, as iron, ergot, sabina, oil of erigeron, trillium pendulatum, &c., with only partial success, but which at last, yielded to creosote, alternated with the tincture of canabis indica, both in small doses, repeated every two or three hours. Previous to that attack, the same lady had a similar one, but there was no offensiveness of the discharge, though it was very profuse, and I arrested it with the sulphate of beberine, given in five grain doses every three hours. In cases attended with headache, bearing down pains, darkness before the eyes, enlarged pupils, coldness of the nose and extremities, oppression of the chest, yawning, convulsive movements of the muscles, belladonna, alternated with aconite, will do good service; for the above symptoms evidently point out an irregular circulation—a feeble circulation, with a tendency to congestion of the nerve centers. In cases of hemorrhage after confinement, with dark blood, without pain, or with only slight pain, when the slightest motion increases the flow, ergot, in small doses, frequently arrests it readily, so will ustilago maydis in small doses, if it be passive hemorrhage. More anon.

---

#### *Art. LXVI.—Too late for the Fair.*

Nearly a year ago I promised to meet the Ohio Eclectics at Urbana; and I had resolved to join hands with those who think that Eclecticism would go to the "demnition bow-wows" if a few did not come together every year and make a noise. It may be observed by the associated press dispatches that the fizziopaths entertain similar ideas, for they met in large numbers, held a successful meeting, read interesting papers, re-elected officers, transacted important business, and voted to memorialize the Legislature on the propriety of distributing the public medical patronage in a

equable manner. While reflecting upon this solemn subject I could not suppress the idea that these fixziopaths were desperately in need of thus opportunity to advertise themselves "free gratis for nothing" by this assembling. Who would believe there were so many innocent medicationists in the state—to make such a large and interesting meeting—if it were not put in the newspapers by the press agent? They have no organ as have the other organizations, therefore it must have been refreshing to the members of the meeting to see their names in print as officers.

Well, having been informed by postal card that the Eclectics would meet at Columbus on such a day, and there labor two or three days for the good of "the cause," I deemed it my duty to spend as much time as I could in this grand assemblage of my bretheren, especially after I had read the sensational appeal of brother Anton in the editorial space of the May number of the Eclectic Medical Journal. I once solicited space in the editorial columns, with the view of airing a little matter of general interest, but was snubbed for my impertinence. And then I wondered why a magazine which professes to furnish two dollars worth of reading matter to subscribers located in remote parts of the union, who care no more for the Ohio organization and its doing than they do for the mutterings of the Modocs—I wondered why so much valuable space should be devoted to Dr. Anton's appeal, and that I should be denied a quarter of a page to express my views! It seemed as if kissing went by favor, and that I was not good looking.

This is all a lengthy introductory to the fact that I arrived at Columbus about four hours after the Convention had adjourned, and its members were well on their way home. I was naturally indignant at such doings, and take this way to express my feelings. There being no train to take me back that night, I stayed in Columbus till morning, and while returning, read a glowing account of the great and interesting meeting I had missed! I had prepared a "paper" on "the influence of heat and light in developing the medicinal virtues of plants;" and had thought how fine it would be to see in the Zanesville papers, favorable notices of my effort, and of the interest of the hearers while I was speaking. But, alas for human hopes and aspirations. The bright anticipations made more glorious the disappointment. I must take my carefully and elaborately prepared manuscript home, and wait a whole year for an opportunity to read it, and even then stand a chance, by some mishap, to not get my paper in. To be sure I could get it published in the Journal, and thus get it before three or four thousand readers, yet would the Zanesville newspapers say anything about my production thus ushered into the world? Never. I must read the paper at a convention in order to have it do me any good at home—in order to get my name into public prints. It is the custom for the associated press agent to praise all that is done at these conventions, therefore I should have no fear of being criticised or neglected. Was I not angry when the consciousness came that an opportunity had been lost? And where was the blame? Had I not done my duty? Yes, but the convention managers had permitted a deception. I am glad the officers are re-elected so I can meet them next year, and then be able to seek proper redress for my wrongs. May the meeting be as large and interesting as this one, of which I read such glowing accounts.

MUSKINGUM.

*Art. LXVII.—Ovariectomy.* By M. L. Doom, M. D., Moulton, Iowa.

On the 15th of April last, I was called to see Mrs M., of this place, whom I found reclining in an arm chair, unable to assume the recumbent position with any degree of comfort. Abdomen enormously distended. Had been the regular rounds, and lastly to Chicago, with the hope of getting relief. Varied were the opinions in diagnosis and result—pretty uniformly agreeing that an operation of any kind would be fatal in its results.

I learned from the patient that about two years ago she noticed or felt a hard substance in the left ovarian region, which continued to increase in size, with marked symptoms of anasarca during the last six months.

I should have said she was aged 33, light complexion, medium size, and the mother of three children, the youngest aged two years. Tumor commenced to develop soon after birth of last child.

I diagnosed fibroid with cystic tumor of left ovary, and advised an immediate operation for its removal. I was courteously informed that my opinion should receive due consideration, but in the event of an operation they—Mrs. M. and her husband—would prefer one of riper years and experience, which right I freely conceded, but told them that I should not hesitate to do any thing in the line of duty, and assured them I knew *Howe*; but they knew Dr. J. C. Hughes, of Keokuk.

On the morning of May 4th, Dr. J. P. Smith and I were summoned to meet Dr. H. to consider the propriety of an operation. Found patient cheerful and confident, fully determined to undergo an operation, with the chances at least two to one against her, as she was now very much emaciated. Dr. H. introduced trocar and canula, just below umbilicus, and drew six gallons of purulent, frothy fluid, which revealed a large-sized, hard tumor, resting near the median line. We at once decided on extirpation, using chloroform as an anæsthetic. On making an incision in median line six inches, extending from umbilicus to pubes, found the partially emptied sac situated high up in the hypogastrium, and on the extreme left; next and toward the median line, was a fibroid mass, weighing about ten pounds, in the hard substance of which was imbedded small cysts, five or six in number, containing thin, yellow fluid, from one to two ounces each. Still nearer the median line was a hard heart-shaped mass, weighing about four pounds. Each mass was contained within its own capsule, and the whole attached to the broad ligament by one pedicle, three inches in width.

The collapsed sac drawn through the incision, the middle mass broken down, while the smaller one was with some difficulty drawn out; the pedicle clamped, and then transfixed with a double silk cord and ligated right and left, and the clamp removed; mass cut away; the cavity sponged with a weak solution of carbolic acid, and closed by six silk sutures, the two loose ends of cord left external at lower end of incision; adhesive strips across the abdomen completed the operation, which lasted just one hour.

Patient rallied well, and took wine. Half an hour after, slight vomiting. Dr. S. and I were now left in charge of the case. Administered sulph. morphia gr. ss. every half hour, four doses—patient rested, took tea and toast. Rested during night.

First morning, temperature 102½, pulse 120, respiration 18. Gave beef tea and wine. Cloths constantly applied to abdomen dipped in solution carbolic acid ʒj, lard ʒj, water Oj, M., renewed every two hours. Inject, per vaginam, solution chlor. potass. Oss., lard ʒj, M., twice a day; with an occasional dose of morphia to allay pain.

Second morning, temperature 102½, pulse 112, spirits good; for thirty-six hours removed urine with catheter. Takes small amount of beef tea. Ordered quinia and nux as a tonic, and to allay nausea.

Third morning, temperature 102, pulse 108, respiration 20; catamenia appeared and continued for a few hours; much pain; pulse thready. Add citrate iron to tonic, and give small doses aconite every two hours to allay fever.

Fourth morning, temperature 100, pulse 90, respiration 15; restless; anxious expression of face. Evening, suddenly pulse ran up to 140; temperature 103½, respiration 27, cough, dyspnoea, pupils dilated. Removed two lower sutures, opened wound, inserted male catheter, and permitted pent-up gas to escape. For cough gave comp. tinc. opii, glycerine, spirits nitre dul., aa. M. Dose, teaspoonful every half hour. Passed an uncomfortable night.

Fifth morning. Takes beef, wine and egg. Temperature 100½, pulse 100, respiration 27. Evening, moved bowels by enema. Continued tonic, alternating with aconite every two hours. As an enema, solution carbolic acid, gtt. v. to x., sol. chlor. potass Oss., twice a day.

Sixth morning, bowels moved naturally, continued to void urine, appetite improving, sleep refreshing, cheerful. Pedicle beginning to slough. slight tympanitis.

Ninth day, Dr. S. left patient in my charge. Gave tonic of calisaya, perphosphate iron and quinia.

Thirty-first day, pedicle came away. Removed all the sutures the fourteenth. To-day, June 10th, patient sits up, converses cheerfully with friends, without any unfavorable symptoms.

---

**Art. LXVIII.—Is Belladonna a Prophylactic in Scarlatina?**

By JOHN A. THOMAS, M. D., Pleasant Hill, Ill.

The above question may astonish the profession, as so many men of eminence have decided in the negative. There are still many mooted questions in the various departments of scientific research; for instance, in agriculture, the most intelligent farmers, after centuries of experiment, widely differ in their views with regard to wheat turning to cheat. That it will thus change, I have no doubt. Excuse me for the digression, and I will return to my subject.

A few years ago, I tested fairly and thoroughly, to my mind, the effects of belladonna as a prophylactic in scarlatina in fifteen families, embracing about seventy-five patients, with uniform success. Of the first family that I treated, only one was very sick, manifesting a well marked case of scarlatina maligna. I commenced immediately giving the remainder of the seven children belladonna, until they were fully under its constitutional influence, the pupils of the eyes fully dilated, etc. The first case

spoken of came very near terminating fatally; with the others I had no trouble whatever—all, however, had scarlatina well marked in a mild form (simplex). The above is but a fair sample of the remaining fourteen families. I was then strong in the faith that the timely and judicious administration of belladonna would disarm that formidable disease of most of its terrors.

I was next called in consultation where one of the family had just died, and another was dying. I told the attending physician my views concerning the prophylactic properties of belladonna; he ridiculed the idea. A little girl, about three years old, was playing over the floor, who, the doctor said, would very soon share the fate of the other two. I told him I was willing to test my judgment on that case. The doctor commenced immediately according to my prescription, and soon the little urchin was under the full influence of belladonna. Two days later the child had well developed scarlatina (simplex), and did not go to bed or stop her childish amusements.

And now the question arises, why do physicians so widely differ? "We shall decide when doctors disagree?" In the first place, three-fourths of the various preparations of belladonna that we purchase are entirely worthless; hence the physician is disappointed in his expectation, and becomes disgusted entirely with the drug for that purpose. Some are too timid to give enough of the drug, or stop its use too soon. Homœopathic doses will do no good in my hands, in this locality. Perhaps a large majority of the faculty have not confidence enough in the prophylactic qualities of the drug to give it a fair test. In my hands, and in this locality, it has been a "brilliant success." However, in other localities, other hands, and other cases, it may have proved a "sublime failure."

If I should have occasion to change my mind on this subject, I will report. I am willing to give away all my errors for one truth. If the few scattering thoughts I have written should cause my medical brethren to impartially and fairly test the matter, and thereby save some of the dear little ones from an early grave, I shall be amply remunerated, and my object accomplished.

---

**Art. LXIX.—*Definite Medicines.*** By E. I. KIRK, M. D., Bellefonte, Pa.

How frequently does the efficient and conscientious physician wish that prime and definite medicines might be obtained. This fact has led many of our best practitioners to prepare their own medicines, to some extent, from the crude article. By due care they can prepare an article of medicine on which they can have greater reliance than that obtained through the channels of commerce. But while these preparations come nearer, they do not fully come up to my ideal of *definite medicines*. In order to prescribe rationally and intelligently—to anticipate definite results—we must have definite medicines. I will not be extended with arguments and explanations. The profession can easily understand what I mean. When we desire definite effects from quinia we want this principle pure and definite—separated from all the crudities and impurities of the bark. One pound of a certain lot of the bark may be as rich in this active principle

as two pounds of another lot of the bark. But quinia, the active, *definite* principle, can be given in known or *definite* quantities, for definite symptoms, and *definite* results be obtained. The definite active principle has been separated from the chlorophyl and other inert parts of *other* medicinal agents, of which the profession is also familiar. But the object of my little paper is to advocate an entire list of definite medicines, by which the profession may know or understand just what they are dealing with. It would add a certainty or definiteness to our practice that can not be acquired under any other condition.

If specific diagnosis and specific medication constitute a great achievement in our practice—and very few intelligent physicians will doubt it now—I contend that definite medicines must yet be added to make the achievement complete. I never was so greatly impressed with the importance of definite medicines, as since reading J. U. Lloyd's article in a recent number of the E. M. Journal on gelseminum semp. If the active, definite principle may be derived from this agent, why may not the profession have the advantage of it? We all know the guess-work attendant upon the administration of the different tinctures and fluid extracts of this agent as procured from the different traffickers in drugs. It is really one kind of "shot-gun" practice, or at least the shooting of a very crazy marksman; for when the crude preparation is administered, it is not known whether the bullet will fall much short of the mark, whether it will reach it, or whether it may far over-reach. There are many chances to miss the target to one of hitting it; and while the one would prove curative, the many might prove fatal. What physician read that article, and did not wish for some of Lloyd's tincture, prepared by him from his definite principle of the gelseminum? And why may we not have a similar analysis of our other agents, viz: aconite, belladonna, rhus, etc.? If the analysis and separation might not be so perfect in every case, there could at least be an approximation. Were this done, some of our very common indigenous remedies might prove to possess one or more very valuable definite agents, while in their crudity or combination they are considered almost worthless.

The question that naturally follows what has been said, is, how shall the profession obtain definite medicines? The plan that I would suggest is for a sufficient number of physicians to join together, and employ an efficient analytical chemist and pharmacist to attend to the manufacture of definite medicines. Physicians could afford to pay a good price for such medicines, and still they would prove more profitable to them than crude uncertain articles at a small price. Let one hundred physicians thus agree to give their support to an analytical chemist by buying their medicines from him, and it would make it lucrative for the chemist, and profitable for the physicians. The patronage of one hundred active practitioners would be at least equal to \$10,000, and I had rather suppose it nearer \$20,000 per year.

I hope to hear from other physicians on this subject. To specific diagnosis and specific medication let us add definite medicines. Let us confer with each other on the subject, either through the Journal or otherwise, as may be thought best; also with J. U. Lloyd as pharmacist. I mention

his name because of his efficiency, and the interest he manifests in prime medicines, and because he appears to be closely allied to the profession.

---

*Art. LXX.—Cases in Practice.* By T. E. Coffey, M. D., Avolon, Mo

Believing that all should contribute to the general fund of information. I send you the following "cases."

May 12, I was called to see Mrs. M., aged 50. Found her suffering from an attack of neuralgia, of three weeks' duration. She had not called help sooner, because she had often had attacks of a similar nature, her menaces often lasting from seven to ten days. Her condition when I visited her was about as follows: pulse barely perceptible and quick; faintness on moving; hands and feet "tingling," as she expressed it; no appetite and very nervous. One would expect to find the face pale in such a case, but, on the contrary, her usually pale face seemed flushed. Put her on the following: R Oil erigeron, oil cinnamon, alcohol, aa. M. S. Ten drops every half hour for two hours—no better. Then I gave R Fluid extract ergot, Tilden's formula 74, with no better success. Evidently something must be done, and that shortly, or my patient will die. After a rapid survey of the situation I concluded to try beberine, from having heard of Prof. Pulte, of Cincinnati, prescribing it in determination of blood to the head. Here I had a flushed face to guide me, and gave beberine gr. iv. every hour for four hours. The first dose lessened the discharge, and by the fourth it had stopped entirely. Ordered the same continued four times a day for three days, then tonics. What I want to do is to direct attention to this flushed face as an indication for beberine in this disease, and if it helps any one out of as close a place as it did me, I shall be amply rewarded.

CASE 2.—May 10, I was called to see Mrs. McK. Found her suffering with what turned out to be a very severe attack of dysentery. Pulse 130, no appetite, tongue dirty and trembling on protrusion, dejections every twenty minutes of blood and mucus, severe pain at every passage.

Ordered R Baptisia gtt. x, water  $\mathfrak{z}$ iv; Aconite gtt. x, water  $\mathfrak{z}$ iv; a teaspoonful every hour in alternation. R Carbo-ligni, a teaspoonful mixed with water  $\mathfrak{z}$ vi, to be thrown in with a syringe after each operation. Under this treatment she continued to improve, and at the end of the second day, no blood appearing in the discharges, the carbo-ligni and baptisia were withdrawn, and podophyllin 1st x trituration, gr. v, every four hours, were given for twenty-four hours, when she was convalescent. I have never used any thing to compare with baptisia for this and kindred diseases, where there is inflammation of Peyer's glands.

---

*Art. LXXI.—Remarks on Reported Cases of Scarlatina.* By I. A. COOPER, M. D., Sharon, Ind.

In the June number of the E. M. Journal I observe an article on scarlatina, reported by C. H. Mitchell, M. D. If making a few remarks thereon may irritate the sensitiveness of any one, I beg pardon. However, I offer a few criticisms on that article, and in doing so I refer the reader to the article itself, so that he may thoroughly comprehend my points.

The doctor reports two cases of scarlet fever. On examining the first he found "tongue red, shiny appearance, with a white tallow coating; pulse full, bounding, and one hundred and twenty per minute. We give R Tinct. veratrum gtt. xi, water  $\mathfrak{z}$ iv; to be alternated every hour with R Tinct. belladonna gtt. vi, sulphite of soda grs xxx, water,  $\mathfrak{z}$ iv, in teaspoonful doses." The doctor goes on to say that "a kind mother sees to his every want," and that "he is given water acidulated with sulphuric acid, and sweetened to suit his taste." Now, there I fail to conceive the doctor's idea in giving an alkali (sulphite of soda), and an acid (sulphuric) at the same time, to the one patient, though perhaps there was an "idiosyncrasy" there. On the following day "it is found on examination that his brother is taken with the same disease, symptoms similar to the one under treatment; we prescribe the same for him that we did for the younger boy, viz., veratrum, belladonna, sulphite of soda, sulphuric acid, &c." Two days subsequent the doctor finds his second patient very sick, "pulse 130, sharp, short stroke. It is not possible for the skin to be more scarlet. R Tinct. veratrum gtt. xii, tinct. belladonna gtt. v, tinct. phytolacca gtt. xx, sulphite of soda  $\mathfrak{z}$ ss, water  $\mathfrak{z}$ iv, mix; teaspoonful to be given every hour, lard and belladonna to be applied to the skin every three hours, and the patient to drink pretty freely of sulphuric acid diluted in water." Now then, my theory and practice teach me, that the doctor makes an error in not recognizing the specific indications for veratrum, as I perceive he has given it in the first case, where he had a frequent, full and bounding pulse; he gave it to the second patient, where he had a frequent, "sharp, short stroke." The doctor says "it is not possible for the skin to be more scarlet," nevertheless, he goes on to stimulate the capillary circulation by the use of belladonna, as though he could cast out the scarlatina, and hurl it to the desert winds. He also gives his alkali and acid as in the previous case, for what action I know not. The following day the doctor found that his last case had "passed a hard night, but by a faithful giving of the medicine, is this morning turning a little better." Here the doctor seems to estimate his treatment more highly than subsequently, when he says, "we leave the case, however, with a firm conviction that scarlet fever, like other skin diseases, must have a certain time in which to spend its force, and when done, will naturally get better of its own accord." I respectfully submit this article to the Journal, hoping thereby that it may have a progressive tendency, through specific medication.

---

*Art. LXXII.—Notes on the "National."*

WASHINGTON, D. C., June, 29th, 1876.

*Editor E. M. Journal:*—Since the western colleges and journals were not represented at this meeting of our national body, I think it may be worth while to send you some account of the affair.

The meeting was held in Willard's Hall, at the Willard Hotel, in Washington. For the privilege of meeting in so grand a place the society paid sixty dollars! This was bad financiering, since we might have had a church for the asking; and, according to the treasurer's report, the finances of the concern are not flourishing, to say the least.

There were about forty medical gentleman in attendance. Molesworth was not there. Being aware that the convention was in the hands of Eastern men he could not afford to come, as he has said naughty things about them, and they have called him a peddler of anti-conception machines.

I was impressed with the fact that the Eastern men are much less scientific and less accurate than the Western gentlemen. They did not seem to put any stress upon temperature as a means of diagnosis. This fact was cuttingly alluded to in the discussions by Dr. Shoemaker of Iowa, Munk of Mo., Taylor of Ind., and Davis of Ill. Temperature is now regarded all over the medical world as the most important element in diagnostics. By ignoring it entirely the gentlemen from the East placed themselves at a great disadvantage.

The doctrines of specific medication have not been thoroughly inculcated in the teaching of the Eastern colleges. Their Faculties go into the wildest speculations in the way of polypharmacy. It is not uncommon to see a prescription composed of a full score of drugs; and in the case of chemical agents these prescriptions often contain incompatibles.

The work that the convention did was simply nothing. A new set of officers was elected. President, Shoemaker of Iowa; Vice Presidents, Munn of Connecticut, Borden of Pennsylvania, and Munk of Missouri; Recording Secretary, Wilder of New Jersey; Corresponding Secretary, Davis of Illinois. The place and time of next meeting will be Pittsburg, Pennsylvania, June, 6th, 1877. Some dirty work was done by the convention in admitting Payne of Philadelphia. Some of the extremely liberal gentlemen of that section reported him for membership. One man objected to him, but when called upon for reasons for the faith that was in him, could only make a short and feeble general demurrer. The Vice President, Dr. Geddes, rushed the question through without opportunity for debate, and the work was done. Payne may become respectable since the country is no longer contaminated by Buchanan, the infamous. That peculiar genius has set up in England, and will doubtless blacken Eclecticism in that country as he has in this. I would earnestly advise the English Eclectics to watch him with never ceasing vigilance, and prosecute him to the extent of the law. In fact, this is good advice to take at home. Let Eclectics be first and foremost in the exposure and denunciation of fraud in their own ranks, or among those who use their name to cover their misdeeds, and the country, and the profession at large, will once more have confidence in us. The time of the association was wasted by useless discussion on such profitless subjects as sociology. Some absurd doctrines were promulgated as, for instance, that persons of like temperament (*i. e.* same complexion, &c.) could not perpetuate the species! This from an eminent professor of New York! Many gentlemen coincided with the speaker. A few knew that these were exploded theories of centuries gone, and revived by Prof. Powell. Some gentlemen from "out west" called attention to the stubborn fact that Negroes, Mongolians, and Indians, to say nothing of Spaniards, Italians, and French, formed notable exceptions to that doctrine.

The Cincinnati Institute came in for a share of blame. Some gentle-

men who had other interests in view, expressed fears that the mother school was falling off from the faith. Others seemed to think, that Eclecticism, in certain localities, was not keeping up with the progress of the day.

There were representatives from thirteen states—the bulk of the meeting being from the East. And although one could not help feeling that the National Association should be capable of better and higher work, still, upon the whole, the assemblage proved that we have men of pretty fair attainments in our ranks. Let them do their very best, and our meetings will not be unprofitable.

There is one abuse of the elective power of which I must speak. Twice in succession has the Secretary *pro tem.* done all the hard work of the year, only to be cheated out of the honors and emoluments of the office. Taylor of Indiana, did the work of an absent Secretary last year; Davis of Illinois, did it this time. Both were discarded by a discriminating committee on nominations. Common decency would suggest that those who do the hard work should have the honor and profit(?) of the position.

BUCKEYE.

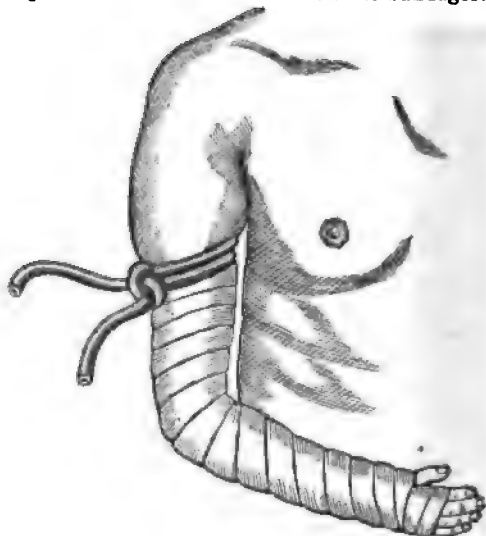
*Art. LXXIII.—Esmarch's Bandage.* By A. J. Howe, M. D., Cincinnati, Ohio.

One of the most valuable of surgical inventions, is an elastic bandage for the purpose of producing hæmostasis in a limb while an operation is performed. The plan is so simple that it is a wonder some ingenious surgeon did not discover it before. It was well known that an enveloping bandage of any firm fabric would force a great part of the blood out of the limb. Indeed, those who dress their hands in tightly fitting kid gloves know that the practice makes their hands white through bloodlessness.

The fillet placed upon the arm to "raise a vein" for the purpose of phlebotomy, prevents the blood in the veins below from passing along, yet allows the arteries to carry blood to the limb, hence the tendency of a constricted vein to bleed. Now, if the arm be snugly bandaged from the fingers to a point above the elbow, and then a strong cord be bound about the limb just above the bandage, all the blood in the limb is forced upwards and the constricting band prevents a re-entrance through the arteries, even when the bandage is removed. But the hæmostasis can be more completely brought about by the use of elastic textures; and herein consists the value of Esmarch's invention,

When the discovery was first announced there were no elastic bandages for sale, except a perforated one which was invented by Dr. Brown, of Albion, Michigan, and devised as a suitable instrument for curing varicose diseases of the leg. This I employed; and it operated pretty well. The holes or perforations to let in the air, were not so objectionable as might be supposed. And while using this I thought how near Dr. Brown came to making a notable discovery, as did Esmarch. In fact, if Brown had been a practical surgeon, doing operations every day, it is highly probable that the use of the elastic bandage to compress varicose veins would have suggested hæmostasis proposed by Esmarch. Dr. Brown had taken a long step in the right direction.

My second experiment was to use eight or ten yards of elastic webbing, bought at the rubber store. This did very well, but the fibrous material got soaked with blood as it passed over the wound which was so severe that it required amputation. Afterwards, in operating upon children, I found the webbing too stiff and clumsy, so I went to the rubber store and had a bandage cut from the side of a long sheet of pure rubber, no fibrous material entering its composition. This I have used in preference to the "official" Esmarch bandage. It is delicate and very elastic; it goes upon the limb with ease, especially in passing the inequalities of the foot, heel and ankle. Blood and pus do not render the bandage unclean, as they would if the texture was fibrous. Although it is too thin and yielding to compress a large arm sufficiently by a single layer, yet there is no objection to the employment of several layers, one over another. It is well enough to possess several varieties of elastic bandages.



The Esmarch bandage and rubber tubing applied to the arm.\* The elastic bandage is to be removed before an operation is performed, but not the tubing.

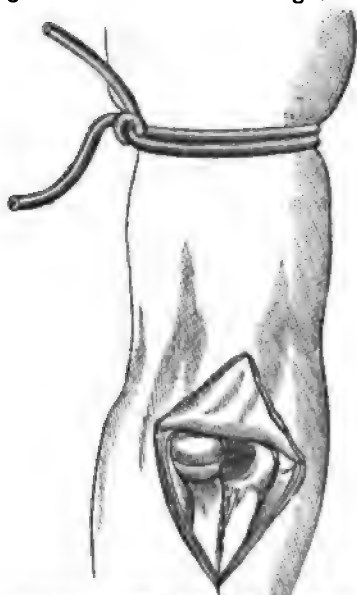
The objection to the use of Esmarch's bandage is that it forces upwards or into the general circulation, pus, coagulated blood and gangrenous fluids. While this may be a danger in some instances, the generality of cases admit of the use of the elastic wrapping to drive the blood out of the limb. There is one case reported of permanent thrombosis taking place while stasis of the blood was maintained during the performance of a surgical operation. This is as might be expected in occasional instances, but it is not generally to be feared. In fact, coagulation may be produced in an aneurism by the use of an elastic bandage. A few weeks ago a servant girl came to me with stiffness of the hand, and an aneurismal tumor of the radial artery just above the wrist. The tumor was as large as a hickory nut; and had the true aneurismal whiz. I compressed the hand with the elastic bandage, and also the wrist after placing a short piece of rubber tubing on the tumor as a somewhat firm yet elastic compress. This was

worn with comparative ease for a week though the patient complained of coldness and numbness in the hand. At the end of the week the bandage was removed; and to my great satisfaction the signs of aneurism had gone. An unimportant thickening at the seat of the tumor was all that remained. Strength rapidly came to the hand, and all its functions were fully restored except a slight stiffness in the wrist-joint. This she did not care for. The aneurism was traumatic, a small spiculum of glass having been driven in at the spot a few weeks previously.

The elastic bandage is useful while performing various operations upon the extremities,—as for resections, amputations, and the ligation of arteries. Recently a boy was brought from the country to my office, to have a dangerous hemorrhage arrested. The patient ten days previously had stepped upon a sharp piece of glass which had penetrated the plantar artery. The wound was plugged at first, and then treated with persulphate of iron as a styptic. The blood burst forth every few days, and threatened dissolution. The wound was gangrenous and tended to slough. I applied the elastic bandage to the leg, from the toes to above the knee, and above this a rope of rubber tubing was applied; then the bandage was removed and the leg was ready for a bloodless operation. I made an incision over the posterior tibial artery opposite the ankle-joint, and there ligated the vessel. No bleeding took place during the operative procedure. Without the hæmostatic agency the wound would have been so full of blood that a search for the vessel might have proved perplexing. As it proved the artery was quickly found and readily ligated.

In resecting any of the joints, although they are not usually bloody operations, it is commonly good policy to first employ the elastic bandage and rubber tubing. In a case in which a bullet lodged in the elbow-joint, doing considerable splintering damage to the articular structure of the humerus, I subjected the limb to the hæmostatic effects of the elastic bandage and tubing, and then turned up a triangular flap over the posterior aspect of the articulation, which brought the bullet and comminuted pieces of bone into view, no blood obscuring the parts.

The shoulder joint may be prepared for resection, amputation, or other severe cutting operation by compressing the arm to the shoulder with an elastic bandage, and then using a piece of heavy rubber tubing to constrict the axillary and neighboring vessels. The accompanying diagram shows the shoulder in a state of undergoing such an operation. The head of



Posterior aspect of the elbow-joint opened for excision. The rope of rubber tubing above prevents hemorrhage.

the humerus shattered by a bullet, is exposed and ready to be excised. The tubing restrains all hæmorrhage; nor will any come on after the tubing has been removed.

A practical surgeon who has to be prepared with every surgical appliance, should have on hand several sizes of rubber tubing in order to meet the demands of various operations. The finger needs a small size of tubing; the femur requires a larger size; and the abdomen (for compression of the abdominal aorta) a thick piece of tubing as large as the thumb or even larger.

A limb should not be kept under a state of bloodlessness any longer than may be necessary, for the parts robbed of blood will soon suffer. An arm or a leg that has been subjected to the pressure of a constricting medium, as severe as that of the elastic bandage and tubing, for a half hour or so, is usually stiff and numb for several hours; and a less pressure kept up two or three days for the cure of aneurism, is followed by stiffening of the joints, and a lack of mobility in the tendons. The nerves lose their irritability, the limb feeling as if it were paralyzed.

After the elastic bandage is applied it is well to wait from three to five minutes before the tubing is put on. This allows the veins ample time to empty themselves. If the tubing be not applied snugly, and fastened with an unyielding knot or other holder, a bleeding state may come on when it is least wanted.

When an operation is to be performed upon the hand or foot, the forearm or leg only need be subjected to the elastic pressure, the tubing being used just below the elbow or knee. However, the two bones in the forearm and leg serve to shield and protect the vessels against pressure, and in some instances may do this to an extent which may force the operator to go above the elbow and knee with his compressing appliances.

The inexperienced may inquire if he is to be at the expense of purchasing tourniquets, if he is in possession of an Esmarch bandage and tubing? The reply is that tourniquets are not then necessary.

But the case may turn up in which it is not practicable, on account of extensive laceration, to use the elastic bandage; but the case would be one needing the compressing effects of the horse-shoe tourniquet. The elastic tubing is not to be employed until the blood has been first driven out of the limb with an elastic bandage.



Excision of the shoulder. Heavy rubber tubing controls vessels about joint.

In the event of amputations under the effects of Esmarch's elastic apparatus, it will be readily seen that the vessels, after a leg, for instance, has been removed, will contain an unnatural quantity of blood. However, no serious trouble has yet arisen from the forced plethora. In most instances of amputation more or less blood has been lost, therefore a saving of the vital fluid is desirable. Individuals full of blood, and lose none by an amputation, do not necessarily suffer from plethora, for the febrile state following a severe traumatic condition, soon diminishes the blood-supply. Few persons in any grade of life, are damaged by having too much or too rich blood.

---

*Art. LXXIV.—Letter from Prof. Scudder.*

LIVERPOOL, June 25th, 1876.

I believe it is a truism that one can always learn if he will, even something of medicine, by traveling. It is singular how many errors hold their ground by sufferance; they become traditional, and pass from one to another without dispute. Of these I wish to notice some connected with ocean voyaging. A recent writer (humorously) remarked, "that as he had now been four days in Paris, he certainly would be deemed competent to describe the manners and customs of the people, and institute a comparison of their laws and civilization with other nations." It may be that I am in the same position; but I carefully watched the people on ship, some 400—those that were able to be up—for ten days, and I am quite certain that the following conclusions are correct:—

1st. That in place of being stimulant and invigorating, it is markedly depressant, especially to the nervous system. This was the case whether the person suffered with sea-sickness or not. The pulse kept about the same frequency, but was much smaller and feebler. The capillary circulation was impaired, and the movement of the blood in the veins sluggish. Though the air was fresh and cool, I noticed that persons breathed short and slow when quiet, and that there was imperfect aeration of the blood. The mucous membranes of the mouth, as one could see them when conversing, had an unpleasant livid appearance, and the tongue was more or less coated. Constipation was the rule, as I noticed that two water closets served the needs of one hundred men, and were not hurried even in the morning hours. This depressing influence was especially marked on those who had suffered from chronic disease of a depressing character, and in two instances that came under my notice it produced most unpleasant effects.

2d. No one claims that sea-sickness is pleasant, but all say that it is profitable—that is, that one is sure to be very much better after it.

My own experience leads me to doubt this. Some years since I was sea-sick, and on this voyage I was sea-sick, and each time it was not only a present unpleasantness, but it was a wrong to the stomach that required time to recover from. In one instance, though in perfect health before, it required a full month to get rid of the dyspeptic symptoms. This probably is the exception, yet I noticed that no sea-sick people had the evidence of good digestion whilst on shipboard.

The fact is, what we hear of the benefits of sea-voyaging applies to long voyages of months, and not to crossing the Atlantic in one of our modern steamers.

The benefit will be to those who require and can bear this first great sedation, and have the power to react from it. It may be classed with the old Botanic course of Medicine, or the Hydropathic packings. It is the rebound, when one has the elasticity, that benefits the health.

People who are already depressed should go to the mountains. Confirmed dyspeptics (atonic dyspepsia) should go to the mountains. People who have been exhausted by work or disease, should go to the mountains. Send the man or woman who has an over-excited brain or body to sea—especially send those who are sexually intemperate to sea; it will surely take the snap out of them.

I have noticed some things in conversation with practitioners of medicine which I will report in my next. English physicians do not converse as freely as Americans, and it is not easy to pump out of them what one wants to know.

---

## PERISCOPE.

---

### *On Inherited Syphilis.*

It is not necessary to enter upon a description of the ordinary symptoms of inherited syphilis, which are sufficiently well known; but there are a few of these which we think are of greater value than the text-books would lead one to suppose. For instance, there is none more striking than the physiognomy of the infant. The physiognomy of disease generally is a subject well worth study; every one must recall instances in which he has diagnosed from the face alone, cases of peritonitis, phthisis, chorea, and other affections; and in no disease is the facies more characteristic than in inherited syphilis. Trousseau has given of this, as of so many other diseases, a most graphic description. He describes the complexion as of a bistre tint; and there is a striking look of premature old age about these infants; the skin too is shriveled, the body emaciated, and often there is a peculiar smell about the patient, for which we know of no better comparison than that of a damp vault.

One of the earliest and most constant symptoms is what is known among the poor as the "snuffles," that is a thick discharge from the nasal mucous membrane, which blocks up the nares and causes a snuffling with the respiration, and a great, and sometimes serious, obstacle to sucking. It also produces an alteration in the voice, so that the infant's cry has a peculiarly high-pitched or twangy sound. Then there are very constantly sores about the nates, flat mucous tubercles or round copper-coloured, rather shining spots, having a tendency to desquamation. Mucous tubercles occur also about the organs of generation, the mouth, the genito-crural fold, the axilla, between the fingers and toes, between the chin and lower lip; in fact, as Diday has remarked (giving the true explanation of their character) in any part where the skin is "thin,

moist, and exposed to friction." The same kind of eruption takes place on the mucous membranes, and if the mouth is examined, there are frequently found white patches or ulcerations of a round or crescentic form, scattered about its lining membrane. A favorite position for these is the point of reflexion of the mucous membrane of the lips on to the gums, and the frænum of the upper lip; another is the border of the isthmus of the fauces. The extension of this eruption to the larynx gives rise, according to Diday, to another symptom frequently met with, namely, hoarseness, not the high-pitched note associated with snuffles, but a true hoarseness, very unlike the usual note of an infant's cry. Diday says this depends upon the eruption specially affecting the edges of the aryteno-epiglottidean folds.

Of the other eruptions the most common is a roseola, and this has less of the coppery hue than the other syphilides of infants. It chiefly affects the chest, neck, and inner parts of the thighs, is an early symptom, and is distinguished from the other axanthemata, such as scarlatina, by not being accompanied with febrile disturbance, by its imperfect disappearance on pressure, and, "by its maintaining the same color and degree until its termination." On the palms of the hands and soles of the feet there is commonly desquamation, giving an appearance of psoriasis. This is very characteristic of inherited syphilis. Besides this there is a kind of intertrigo seen very often, which differs from the ordinary intertrigo in its surface having a less bright red colour, but a much more shining or polished appearance, accompanied by a tendency here and there to slight desquamation. Eczema and impetigo are also not unfrequently symptoms, and are each of them of a darker tint and less acute character than when associated with syphilis. There has been much discussion as to whether or not the pemphigus of new-born infants is a syphilitic eruption. We are hardly able to assert that it is invariably of syphilitic origin, but certainly the subjects of it usually present other symptoms of inherited syphilis. Such a case as that related by Dr. Bulkley, in which the eruption continued to develop for nearly a year, and the child died of syphilis, is very strong evidence of its syphilitic character.

Another very common symptom is the existence of fissures or cracks at the edges of the lips and nares and the angles of the mouth, the scars of which are often valuable evidence of former mischief? The hair often falls off, so do the eyelashes, leaving a sore edge to the lids.

[The visceral lesions of inherited syphilis differ altogether from those of the acquired disease of adult life. They occur very early in the disease and are of the suppurative type, and progress very rapidly. Deafness, ulcerations of the pharynx and tongue, laryngitis and lupus are among the less common of the latter manifestations of the disease.]

There has of late manifested itself in the profession a growing scepticism of the powers of medicine; a re-action, as we think, such as we see in so many other matters, from the unreasoning and sometimes unreasonable belief in their virtues which preceded it; but none the more founded upon intelligent observation and deduction. But we think no one who has watched the effects of mercury given in cases of inherited

syphilis ought to doubt the potency of at least that drug. We know few things in therapeutics more satisfactory than to witness the improvement of children thus treated; they rapidly fatten, lose their shrunken aspect, and change from little old men, to actual infants; the eruptions fade, the sores heal, and the progress is often astonishing. We do not of course assert this is the case in all; there are so many children so profoundly affected by the disease that they die before remedies have time to act; or they may be born with fatal lesions already developed. But we can not doubt that we possess great power over this disease, a fact which alone must always give an interest to its study, and an importance to its recognition.—*British and Foreign Medico-Chirurgical Review.*

---

***The Relation of the Discharge of Ova to the period of Menstruation.***

The interesting question of the relation of the discharge of ova to the period of menstruation has recently been the subject of a paper by Dr. John Williams, of University College Hospital, which has been read before the Royal Society. It was not till a comparatively recent period that the connection between menstruation and the discharge of ova was ascertained, and we owe to M. Coste the determination of the fact, that though the rupture of a Graafian follicle is usually synchronous with the epoch of menstruation, the coincidence in point of time between the two is not absolute; for cases are on record where menstruation has occurred, yet in which the minutest investigation has failed to discover the presence of a ruptured sac. Nevertheless, in a great majority of cases there can be no doubt that the escape of an ovum from the ovary and the discharge of blood from the uterus are associated events. The point that Dr. Williams has endeavored to determine is, at what period in the course of the month the separation of the ovum takes place. He has had the opportunity of examining a series of cases, in all of which the period of menstruation was known. In some of these a Graafian follicle had been matured and had actually ruptured. In others, a Graafian follicle had been matured, and hemorrhage had taken place into the cavity, but no actual rupture had occurred. In one case a Graafian follicle had matured, but neither ruptured nor hemorrhage had actually occurred; and lastly, in three cases, no Graafian follicle had become enlarged to the size exhibited by it at maturity. From his observations, Dr. Williams has come to the conclusion that, in the great majority of cases, the discharge of ova takes place *before* the appearance of the menstrual flow with which it is connected; for in ten out of fourteen cases rupture of a follicle or hemorrhage into its cavity had occurred before the return of the catamenia; in one it was doubtful whether rupture of a follicle or the appearance of the discharge would have taken place first; in two a menstrual period had passed without the maturation of a follicle; and in one a periodical discharge was imminent, though the ovaries contained no mature Graafian follicle. It is not improbable, he thinks, that the follicles which were found in the last three cases, and which were enlarged to the size of a small pea, would have become matured by the next return

of the flow. An interesting point was long ago made out by Coste, that in rabbits the excitement of the act of intercourse, and even of the desire to copulate, makes a difference in the period at which the Graafian follicles rupture, since when two sets of these animals were examined, one of which had been allowed access to the male and were taken away before connection, whilst others were not allowed to see the male, the follicles, when the animals were killed, ten or twelve hours after, were ruptured in the former and unruptured in the latter.—*Lancet*.

---

***The Antiseptic Properties of Oils and Fatty Matters.*** By Dr. JOHN DAY, Geelong, Australia.

"I have for some time past been engaged in studying the chemical properties of fats and fatty expressed oils, and find they all possess the property of spontaneously generating peroxide of hydrogen, a very powerful oxidizer and disinfectant, and of storing it up until they are brought into contact with any of those oxidizable substances for which it has an affinity, such as the products of decaying organic matter, and I have reason to believe, the poisons by which the spreading diseases are propagated; they then part with more or less of their peroxide, according to circumstances, and again begin to reproduce it, and also to store and condense it, unless kept in contact with something which uses it up as fast as it is formed. The process of formation, destruction, and reformation of peroxide of hydrogen in fats and fatty oils, may apparently go on without intermission for an indefinite period, a property which entitles them to rank as permanent disinfectants.

"My object on the present occasion is to draw the attention of the board to the results of an experiment which I have recently tried with a view to testing the disinfecting properties of olive oil on urine. I had previously ascertained that the addition of a very small quantity of oil of turpentine to urine would prevent all unpleasant odor for more than a year. On April 1—rather more than two months since—I placed half a gallon of fresh urine in an open vessel, and added to it a small quantity of olive oil—just sufficient to form a thin film on its surface, so thin that about one third of the urine had already escaped by evaporation. To-day (June 4), the urine, with the exception of a pretty copious deposit of mucus at the bottom of the vessel, is clear and normal in appearance and perfectly free from any offensive odor; and what strikes me as remarkable is that it has a very acid re-action—so contrary to what might have been expected.

"Now, it has occurred to me that if urine, which under ordinary circumstances so soon acquires an offensive odor and alkaline re-action, can be kept perfectly free from any of these objectionable changes by simply pouring a little oil on its surface, it is possible that the same practice might be found not only to correct the putrid odor and alkaline re-action which characterize the dejections of typhoid patients, but also to destroy by a process of oxidation the poison by which the disease is propagated. Olive oil would be too expensive for general use, but any cheap vegetable oil would answer the same purpose.

"The plan of using it which I would suggest would be to occasionally pour down the closet in houses where typhoid fever prevails a sufficient quantity of oil to fairly cover the surface of its contents.—*Melbourne Argus.*"

---

### *On Puerperal Pyæmia.*

Dr. Thorburn states that the following are the principles which he has taught, believed, and acted upon.

1. The puerperal woman is placed much in the same position as one who has undergone a serious surgical operation involving raw absorbing surfaces, together with, not unfrequently, a sudden depression of the vital powers.

2. In virtue of this, she is specially liable to the attacks of infectious disease, and when attacked, to sink rapidly under their influence.

3. She is also most liable to every form of pyæmia and septicæmia.

4. When attacked by these latter, she is subject in many instances, to a group of fatal symptoms, which has, for convenience sake, been termed puerperal fever.

5. The fatal group of symptoms, however induced, has a remarkable tendency to be conveyed to other parturient women in an almost identical form.

6. The mere theoretical question as to what we should call this group of symptoms has no bearing on the practical question. What must be done to prevent its propagation to other parturient women?

7. It is therefore the duty of every practitioner to avoid, as far as possible, any communication of the effluvia, secretions, or emanations of fever, erysipelas, pyæmia, unhealthy sores, or the like, to his obstetric patients.

8. This implies that he shall use all the precautions which modern science or his own knowledge recommends, such as the use of antiseptics, change of clothing, selection of time for visiting, and the like; but can not possibly imply, in the present state of society, that no general practitioner shall, with proper care, visit simultaneously any cases of infectious disease and cases of confinement.

9. One of the most important precautions, however, is to abandon for a time the practice of midwifery when the practitioner is compelled (using Dr. Duncan's own word) to nurse a case of scarlatina, &c. By nursing, I mean to very frequently visit, stay with, or handle as a nurse does; the only means of saving many cases of fever.

10. When a group of symptoms, probably due to septicæmia or approximating to that popularly termed puerperal fever has occurred, to a practitioner, he should redouble the usual precautions; and, if he meet shortly with a second case in his own practice, he is morally bound—I suspect legally also—to abstain from midwifery practice for some weeks. If Dr. Duncan could by statistics of which he is so great a master, and which seem invariably to obey his command, determine, the exact time of necessary quarantine, he would confer the greatest possible obligation, in more senses than one, upon the medical profession.

11. A professed obstetrician should not indulge in *post mortem* examinations, or other probable sources of septicæmia.

12. Midwives who, like Mrs. Marsden, nurse their patients from the commencement of labor till convalescence; who administer all enemata and vaginal injections, and who perform all ablutions, are not justified, after they have lost three nearly successive cases, in trying whether a fourth will die, after they have been warned by more than one medical practitioner of the danger incurred.

These principles of action roughly sketched, I have ever taught in this school of medicine.—*British Medical Journal*.

---

*The Bilious Fever of the Tropics.* By JOHN SULLIVAN, M. D.

The variety of names under which this fever is described by various authors, founded upon the prevalence in certain localities of some particular type, or predominance of some particular symptom, is rather perplexing, tending to confuse and lead astray from the study of cause to that of effect. That of "bilious remittent" is, perhaps, the least open to objections as the type of the fever is most frequently remittent, and as the term expresses its malarious origin.

Great difference of opinion exists among medical men respecting the diagnosis and true nature of this disease, especially in tropical countries, as in Cuba, where malignant fevers rage with great severity.

Consultations held by physicians in cases of this fever are, I regret to say, too frequently accompanied with heat in argument and passion. And yet great allowance must be made for this difference of opinion, as this grave bilious fever of hot climates resembles in many important features other grave epidemics which often prevail about the same time, more particularly yellow fever. Many eminent physicians in Havana will insist that yellow fever is but a variety of the grave bilious fever of the tropics; that heat and marsh miasma are the exciting causes of both, generating in the natives and the acclimatized "grave bilious fever;" and in Europeans and the non-acclimatized the variety called "yellow fever."

The European lately arrived, they teach, is incapable of resisting or repelling the united causes, and the exposed tissues become rapidly disorganized. The natives, on the other hand, are capable of resisting these impressions. But when the causes become more intense they will operate in an equal degree upon the native as well as the European, and both will suffer from black vomit, which was formerly considered to attack foreigners or the non-acclimatized exclusively. Such opinions respecting the identity of bilious and yellow fevers, however ably advocated, I can not endorse.

I will, therefore, from my own experience, and supported by the opinions of many eminent authors, foreign as well as English, describe with all the minuteness of which I am capable the distinctive marks of the grave bilious fever of the tropics.

Grave bilious fever is met with on the coast of Africa, in the East and West Indias. It is not, like yellow fever, peculiar to any particular region, but is found in various regions in the Torrid Zone, especially where endemics of marsh fever prevail in their greatest intensity. Although the origin of grave bilious fever is the same in all cases, nevertheless it

presents certain modifications according to the difference of climate in which it is developed. Along the coast of Africa the type is usually intermittent or remittent; in the large antilles the type is frequently continued, with hemorrhagic symptoms.

This fever is frequently observed when grave epidemics prevail in low marshy districts. In order to diagnose this grave bilious fever of warm climates from all other morbid conditions which go under the name of bilious fevers, we may describe it as "a state of pyrexia, which under any and every type always exhibits an essential, and often the only, symptom of the bilious condition—jaundice, vomiting, the characteristic stools and urine of a bilious attack; and when the symptoms become aggravated there are cerebral and hemorrhagic symptoms, which may be attributed to an alteration of the blood through the bile."

Now, we must not confound with this bilious fever cases of intermittent, with a few slight bilious symptoms; cases of liver affection, accompanied with fever and jaundice; of jaundice, accompanied with slight accessions of fever; or even of severe jaundice, complicated with fever.

True bilious fever is the result of the united efforts of two morbid elements, the "bilious" and the "malarious"—the former proceeding from the slow influence of climate upon the hepatic functions, and impressing an especial seal upon the disease; the latter may be detected by the condition of the spleen and by intermittence.

The new comer is seldom attacked. The acclimatized and the creoles are more subject to its influence; or patients slightly cachectic, who have suffered from frequent attacks of intermittent, in whom the bilious element begins to show itself.

Jaundice makes its appearance from the onset, but it is not constant; it will diminish or increase with the exacerbations or relapses of fever. Vomiting, which is also one of the earliest symptoms of bilious fever, from a yellow or bright green assumes a deeper hue. The urine is characteristic, differing from all other kinds of jaundiced urine so frequent in other diseases of hot climates; it is of the color of ink, or of strong coffee. This is not owing to the existence of bile alone, but also to the large proportion of the constituents of the blood in the urine. The addition of nitric acid is immediately followed by a precipitate of albumen, and in proportion to the degree of the intensity of the color, and consequently of the amount of blood it contains, so is the amount of albumen. By the aid of the microscope we can detect the red globules of an irregular shape

The secretion of blood in the urine may be intermittent, like the fever; increase as the fever increases, and diminish or cease with the fever. As the fever returns, so does the blood in the urine.

In dangerous cases of bilious fever the quantity of bloody urine voided in the twenty-four hours is below that in the normal state. In no case have I seen hæmaturia, either by its duration or by its quantity, dangerous to life. In such cases the secretion of urine may be diminished or entirely suppressed. According as the stage of ataxia becomes developed, so do the symptoms of the grave bilious fever vary. Respiration becomes deep, slow, oppressed, accompanied by sighing; the pulse is hard, concentrated,

and soon becomes small and frequent, varying from 100 to 120. Racking pains are felt, especially over the loins; intense headache, increasing with each exacerbation of fever. Thirst extreme; the tongue from moist becomes rough, dry, dark, and discolored from bile. There is a great feeling of anxiety about the pit of the stomach, increased by every attempt to vomit; skin cold and clammy. Agitation increases, delirium, more frequently of a slight, fugitive character, may increase to a state of violence.

The features do not express suffering, but become altered and sharpened. The close of life is usually calm,—no violent delirium; it may be preceded by a deceitful calm, as of convalescence, as sometimes occurs in yellow fever—a calm the messenger of death. The patient dies suddenly, or falls into a state of coma, which ends with his life.

Now, the fever of which we treat may be mistaken for hepatitis, jaundice, or yellow fever. How diagnose? In hepatitis, the fever does not arise from malaria—it is symptomatic of some affection of the liver; in hepatitis, jaundice is not constant, and does not appear at the onset; while the jaundice of bilious fever is intense, and constitutes a primary symptom, accompanied with abundant bilious excretions. Jaundice may be attended with hemorrhage, but it never presents the essential predominant character of bilious fever—there is no pyrexia, although there might be slight and irregular attacks of fever.

How diagnose from yellow fever? Bilious fever may exist during periods of epidemic yellow fever, or may exist in its absence. Yellow fever attacks the non-acclimatized, especially Europeans. It prevails along the coast, beyond the reach of malarious influences, and may be conveyed from centres of infection to localities very distant from the original focus. Whereas grave bilious fever is to be found in the East Indies and other regions where yellow fever is unknown—in localities essentially marshy and far removed from the coast.

The character of yellow fever changes in different epidemics; that of bilious fever never, although it may be modified by locality, and to this locality it remains confined, and never reproduces itself beyond this locality.

Bilious fever not only attacks the Europeans, but also the natives and creoles, and never develops itself except among those in whom hot climates have roused up the predominance of liver affections.

Pains in the limbs, anxiety about the epigastrium, bilious and black-streaked vomiting, may be observed in the two diseases; but in the one, vomiting of bilious matter prevails, while in yellow fever what is vomited is watery, greyish, or black, mixed with pure blood. In yellow fever, blood in the urine is of rare occurrence, suppression of urine frequent. Now, blood in the urine is the symptom which characterizes the most dangerous form of the bilious fever of the tropics.

The external character of the two fevers is also very unlike from the commencement. The difference is as great as between red and yellow. The countenance in the first period of yellow fever is red, bloated, and excited, bordering on a mahogany color; while jaundice in bilious fever is visible from the onset. In the second period of yellow fever, beneath the vividly injected conjunctiva and the red color of the face, there breaks

out a clear yellow straw-colored tinge, which spreads and extends over the skin.

The urine when tested, gives no evidence of the presence of bile, and any albumen that may be detected does not proceed from an admixture of blood. The discoloration of the skin is owing to decomposition of the blood, as may be observed in all pernicious fevers in hot climates; while in bilious fever the tinge of the skin, which passes from a saffron to a color of yellow ochre, proceeds from bilious suffusion.

It sometimes happens, in cases of convalescence in yellow fever, that a true jaundice may succeed to that state caused by decomposition of the blood. Here we may be apt to confound bilious with yellow fever, but if we attend to the duration, progress, and difference in the anterior symptoms, we shall soon be enabled to clear up our diagnosis. I have thus dwelt with some minuteness upon the diagnosis between the two fevers, as they are frequently the subject of a great waste of words, and a fertile source of learned discord amongst medical men in countries where bilious and yellow fevers prevail.

The prognosis of bilious fever must be given with caution, as it may become complicated with some pernicious attack, ataxic, algid, or comatose. The danger would appear to depend more upon the influence of malaria than upon that of the bile. If the intermission be regular, the remissions frank, the prognosis is favorable. The continued type of the fever is the most dangerous. Persistent vomiting, violent delirium, suppression of urine, frequent hiccoughs, are signs of great danger. Seldom does a first attack of bilious fever prove fatal; it only tends to increase the preceding debility, develop marsh cachexia, and dispose to relapse. Unlike what occurs in yellow fever, an attack of bilious fever does not convey an immunity against successive attacks.

In this fever the liver, spleen, and kidneys undergo a marked alteration. The spleen increases in volume, consistence, and weight; is of a violet color, appears rather swollen than hypertrophied; its parenchyma is gorged with black blood, like lees of wine, nevertheless it is a remarkable fact that we seldom meet with those spleens of enormous size (known as ague-cakes in the fens of Lincolnshire) as we do in temperate climates. The liver does not present the alterations, the anæmic appearance, the pale yellow, which it does in yellow fever; it is swollen as in intermittent fever, gorged with bile and blood of a reddish-brown color; if an incision be made into its substance, a fluid like dark blood, oily from its admixture with bile, will ooze from it; if its consistence appears to be augmented, its cohesion appears to be diminished; it is friable, more easily broken than torn.

The difference in the condition of the liver, in bilious and in yellow fever after death, in two diseases with many symptoms in common, but which derive their origin from two entirely different causes, is a subject of great interest to a medical inquirer. The former being the product of malaria, the latter never; hence quinia, so useful in the treatment of bilious, is injurious in that of yellow fever.

The kidneys are always found in a state of hyperæmia; there are patches of ecchymosis in the bladder. It is to this state of the kidneys

that we must attribute the blood in the urine. The same relation exists between the state of the kidneys and hæmaturia as between cause and effect.

The blood in the urine can always be traced to congestion of the kidneys. The congestion may amount to a degree of bloody infiltrations or of capillary apoplexy. There is generally an increase in weight and size of both kidneys; color red-brown, marbled, and ecchymosed. The kidneys undergo a characteristic local disorganization. The ureters are empty, and open all their course. The mucous membrane, as well as that of the bladder, is but little altered. Hence we may conclude that blood in the urine proceeds from the apoplectic condition of the kidneys.

The contents of the chest and abdomen present but little change. However, there is one important character worthy of notice—that is, the deep yellow tinge which penetrates the white tissues principally by imbibition. The brain and its membranes, the serous membrane of the ventricles and pericardium, the internal lining of the large vessels, the pleura and their membranes, all assume the coloration of jaundice.

What is the nature of this grave bilious fever of hot climates? We have, on one side, a malarious origin—active, all-powerful, continuing to exert its influence after all bilious symptoms have disappeared; and, on the other hand, the bilious element, communicating to the disease its characteristic appearance. To which of these two elements can we refer the dangerous symptoms usually observed in the course of a grave bilious fever? Are the coma, hemorrhages, hematemeses, blood in the urine, connected with the jaundice; or are they determined by the septicæmia engendered by marsh malaria?

We meet with the hemorrhagic symptoms in yellow fever, in the pernicious forms of marsh fever in the tropics. Here, then, we have evidence of two distinct poisons producing similar effects—the poison of malaria, and the poison of yellow fever—which can not be referred to bilious causes.

Again, in certain morbid conditions, which have no connection with marsh effluvia, in grave cases of jaundice, we have coma and various kinds of hemorrhages. Might we not, therefore, attribute the morbid effects in bilious fever to a concurrence of two causes, acting simultaneously and in the same sense? I am inclined to believe that in bilious fever the malarious element prevails over every other, exerting its influence over its etiology, symptoms, progress, treatment, etc., and to this influence must be ascribed the most formidable symptoms of the disease. Of course, to jaundice and to blood in the urine must be set down other grave symptoms; but the two must be considered as symptomatic effects rather than as morbid aggravating causes. The malarious element must act, but in an unequal degree, upon the spleen, the kidneys, and the liver. It will act in a less degree upon the spleen, but with more intensity upon the hepatic apparatus, causing a hyperæmia, which will produce jaundice and other bilious symptoms.

The general or local congestion of the kidneys, the infiltration of blood, producing capillary apoplexy, will cause a hemorrhage characteristic of the hæmaturia in bilious fever. Now, the specific nature of this fever

will imply a specific treatment—an essential indication which quinia alone can fulfill. A secondary indication although a very important one, results from the bilious symptoms. Hence, in practice, evacnants are most useful in combination with quinine. The order in which these agents must be applied will, of course, depend upon the more or less prominence of various symptoms.

Ipecacuan, as an emetic, is extremely useful in the bilious fevers of the tropics. The green bilious vomitings and stools become less abundant, and soon take a yellowish color. The urine, from bilious and bloody, becomes modified, clear and less frequent. I have found ipecacuan to calm wonderfully the sense of uneasiness and vomiting. It ought to be administered at the onset of a hot stage; it is also valuable in the continued form. Of course, tartar emetic must not be thought of; its use may expose the patient to some serious accident, by increasing the tendency to a state of ataxia, which is always to be dreaded in this fever. Neutral salts and calomel are often administered with advantage. But the treatment I have found most successful beyond all other is the combination of calomel and quinia, which fulfills simultaneously the two indications of treatment—a combination especially useful when the remissions are irregular and of short duration. In certain dangerous forms I have found this combination our last resource.

Irritability of stomach often interferes with the due administration of medicines of any kind. In extreme cases we must apply a blister covering the epigastrium and two-thirds of the anterior region of the liver. The beneficent effect of the blister may be kept up by sprinkling over the hollow of the epigastrium a little morphia night and morning.

If the fever be a frank intermittent, give the quinia after the attack; if remittent, wait for a remission. Quinia combined with opium is more easily retained on the stomach; but should it not be tolerated in any form, we must endeavor to produce its absorption by the rectum, or by any other channel or mode of absorption, especially should a tendency towards pernicious fever show itself.

I will conclude by expressing a conviction that if there be any (and I believe they are not a few) who entertain doubts respecting the connection of this fever with malaria, who believe that it is the product of great heat with hepatic disorder only, if in the treatment of this fever they will but adopt the use of the antiseptic quinia with judgment, patience, and discretion, administering it occasionally alone, at others in combination, keeping in view any complications that may arise, they will be induced to alter their preconceived opinions, to arrive at the conclusion that the sum of malarious, as well as of hepatic causes, goes to build up and constitute this formidable disease—"the bilious fever of tropical climates."—*London Medical Times and Gazette*, July 1, 1876.

## EDITORIAL.

‘*Cellular Pathology.*’

Less than a century ago the antiquated notion prevailed that disease was an entity,—a deleterious something which gets inside the body and there abides and thrives, a being which must, like Beelzebub, be expelled. Forbid action was not associated with physiological processes because little was known of the elementary structures of organic bodies; and little could be known because the microscope, a means of investigating minute substances, was not yet sufficiently perfected to permit of those profound researches which have led to recent discoveries in biological science.

Among the earlier of modern scientific students, or investigators of physiological topics, was Schwann. He did not discover the original cell-character of animal and vegetable tissues, but he made such advances in histological studies, that it was comparatively easy for his successors to follow the plan which had been so successfully established. Schwann demonstrated that primitive organic forms were cells; and that more complex structures were composed of cellular substance, or cells that from outside pressure had been made to assume all varieties of shape. He proved that cells were endowed with powers of growth and reproduction; and that a complex organic structure was only the embodiment of the forms and forces of many cells, with modifications depending upon peculiarities necessitated by combination.

The physiological ideas advanced by Schwann were taken up by Rudolf Virchow, Professor of Pathology, Berlin, and applied to morbid processes. Virchow has had few equals in pathological studies. He, in his day, was a striking example of a student who pursued his subject with zeal, industry, and earnestness of purpose. He was an expert microscopist, and labored with the instrument several hours each day while investigating and comparing living and dead structures. Although he had no pet theory to force upon the world, he especially studied the physical character and functions of cells in healthy and diseased tissues. He made no real discovery, yet he advanced to a plane of higher knowledge, the cellular doctrine of Schwann, and made particular application of it to pathology,

Virchow as a writer was emphatically introduced to the medical world in 1858, in a book which embraced “twenty lectures” on *Cellular Pathology*, including in their range histology and physiology. Two years later this work was translated from German to English; and from that time every student of medicine was able to obtain a rational idea in regard to the way Nature works in her tiny laboratories. Virchow’s work was illustrated with diagrams of his own sketching, and each faithfully represented what his eye was microscopically seeing. No pathologist before his time equalled him in enthusiasm for original investigation: and he was careful about indulging in wild speculations. His studies and observations must verify every idea before it was allowed to pass with his stamp of authority upon it. Yet in the preface to his great work he says that “those who have kept up their knowledge by reading the current medical literature, will find but little that is new in these lectures.” Such modesty is a crown-

ing feature of greatness; while a disposition to boast is an infallible sign of mental inferiority.

In this connection it is proper to make an abstract of the principles advocated by Virchow, though it is not an easy task to condense the ideas of an author who is accustomed to express himself in a multitude of technical terms. He alleges that the constituents of animal cells, membrane and contents, are wholly nitrogenous, while those of a vegetable nature are only partially so: the nucleus of a cell is engaged in maintaining and multiplying living parts, and has nothing to do with contraction, sensation, and nutrition. The nucleus, while carrying on its functions, continues in itself unchanged; and cell structures which lose their nuclei have only a temporary existence. A human blood corpuscle in the adult is a cell without a nucleus, and therefore possesses no durability. The blood-corpuscle in the earlier months of foetal life is nucleated as it is ever in fishes, frogs, and birds,

In the most varied tissues the cell, consisting of membrane and contents, constitutes the basis of structure,—a muscle, for instance, being a mass of cells. Animals are, in fact, progressive totals, made up of larger or smaller numbers of similar and varying cells,—they are a sum of vital unities, each one of which manifests all the characteristics of life. Between the cells is an *inter-cellular substance*, which, however, is selected or produced by the cells themselves, and is affected by the changes which go on within them. Nutriment enters the circulation in cellular form, and thus escapes during the act of assimilation. Pus is largely made up of cells, and so is the reparative lymph of wounds. Cells constitute the basis of all organic structures, and through their agency every bodily function is carried on.

Virchow did not believe in spontaneous generation, but expressed his notions thus: *omnia cellula e cellula*, meaning that when a cell arises it must have been preceded by one from which to spring. The question of protoplasm was not then sprung;—the scientific world was more orthodox then than it is now. He claims that every morbid cell may be traced to a model previously existing in the economy; but he does not even intimate how the first morbid cell originated. It is easy enough to account for succeeding generations after the first has been created.

The idea once existed that the arteries not only carry the nutriment to the tissues, but actually placed it where wanted, but Virchow asserted that the vessels were mere conduits, simply blood-carriers, and that the tissues in want of pabulum assimilated what they most needed. The cells of the liver, for instance, took out of the blood that which may be elaborated into hepatic structure, the material to be drawn upon being equally disseminated in all parts of the body, and not a certain kind in a particular region, where it might be especially required. If a broken femur was being welded there would be no more osseous pabulum in one femoral artery than in the other.

It was the theory of Virchow that the blood itself does not hold poisons in solution, but morbid cells may float in it as drift in a river. These are not his words, but they seem to express his meaning. The cell of cancer may float in the blood and become stranded in some chink on the inside of the vessel. The liquid blood, he asserted, contained no cancer-

s virus. A malignant germ might be born on the inside of a vessel though transformed into cancer tissue. In other words, the seat of carcinomatous proliferation was inside the vessels.

Virchow has been accused of being a "solidist" as distinguished from "humoralist," but as these old doctrines are little known at the present time, it is not profitable to attempt to show that he was neither the one nor the other. He demanded a substantial medium of transmission from one structure to another, and did not share in the ordinary notions regarding metastasis. He admitted that mumps might be transferred from the parotid gland to the testicle, but claimed that there is a connection between the two glands not generally understood. Other observers have declared that the odor of the parotid secretion is often appreciably seminal.

The preceding ideas regarding "cellular pathology" did not wholly originate with Virchow, nor have they all stood the test of time, therefore the term as "discovery" can not be rightly employed in speaking of doctrines or theories advanced or supported by the notable author. It would be equivalent to saying that Darwin discovered evolution, which he did not, but developed it or helped it along as a doctrine. Nobody was the discoverer of "cellular pathology," neither did anybody discover evolution, but the doctrines, suggested by this and the other fact, and advanced by this and the other theorist, were at length pushed along rapidly by the labors of particular individuals. Under the circumstances it seems strange that the *Washington Chronicle*, of June 29th, while reporting the resolutions of the National Eclectic Medical Convention, should say that Dr. R. S. Newton claimed to have "discovered cellular pathology before Virchow." In one sense it was not a falsehood, for no such discovery was made by anybody; but if the speaker meant to convey the idea that he first announced the theory of the presence and intervention of cells in the development of morbid processes, he must have been mistaken in regard to the character of his audience. He must have supposed that he was addressing a body of old-fashioned "reformers" who were not noted for being critical, and who were in the habit of swallowing any crudity that Newton might announce. The pretended discoverer ought to have remembered that he was in the presence of intelligent Eclectics who know something about the great histologists of the past and present. When this astounding assertion was made the cheek of every modest Eclectic present must have flushed with shame. Such a brazen statement might go unchallenged for the time, but those journalists who have the good sense of Eclecticism to sustain, can not allow such open effrontery to go unrebuked. And the Publishing Committee of the Association should see that no such base assumption find a place in the records of the Convention. What, a man who knows little of anatomy and less of histology, is a discoverer in a field of scientific labor where it requires an expert microscopist to acquire even a superficial understanding of the vital operations carried on through the influence and intervention of cells? Nobody ever accused Dr. R. S. Newton of being a close student in any legitimate branch of medical science, or of being a keen observer in histological investigations. He would as soon be brought in guilty of seizing a telescope, and by the first sweep of the instrument, stumbling upon the dis-

covery of a planet. Why, the doctor might as well announce that he, while angling in the ocean with a gossamer-line and pin-hook, had drawn out Leviathan.

---

H.

### *A Good Location.*

The question often comes by letter, "Where can I find a good location? or where is there a good opening?" The complaint attending such questions generally is, that the party is situated where the roads are muddy, or where there is too much competition. Well, where are the most desirable locations to practice medicine? Perhaps London is the very choicest, and the location near Belgrave Square. There Sir Wm. Gull moves in an elegant turn-out, and stops at the palaces of princes, and the mansions of the rich and influential. Every medical graduate in the English metropolis aspires to such a patronage; but very few indeed will ever attain much progress on that road to affluence and professional altitude. All large European cities have several practitioners of medicine and surgery who are presumed to enjoy the *creme de la creme* of professional patronage. Whether they possess capacities for enjoying more than ordinary well-to-do physicians in smaller places, is more than a mortal can divine. It is to be presumed that they take great satisfaction in the thought that they are held in high esteem by the best citizens.

America has her large cities, and a corresponding number of distinguished medical men. There is no titled aristocracy here; but Dr. Seand-so, in New York, Philadelphia, Cincinnati, Chicago, or St. Louis, is in proportion to the size of the place he practices in, as significant a character as Sir Wm. Gull. All things are estimated and known by comparison. However, it is not to be supposed that the larger the city the greater and more knowing the practitioner of medicine. Some of the very best medical men are to be met in rural districts. In such locations the opportunities for acquiring experimental knowledge are not so great as in the city; yet when there is a disposition to study, and get above the common level of mankind, a way will open for the aspirant. Country practitioners often possess libraries which would make the average city practitioner blush with shame; and they obtain every new instrument and appliance for improving their knowledge and skill in the arts of surgery and gynecology. They perform vivisections, and know something about practical chemistry. Need a man of such acquirements live in the country? Could he not make more money with greater ease in the city? Possibly he might, but he prefers a rural home and a rural practice. The genuine hospitality of a simple-hearted country people he loves and enjoys. Every man's house is open, and ready to extend to him a welcome—he has a home in every hamlet. His practice is large, for the reputation of such a man is not confined to a country village: his services are sought for twenty or thirty miles around.

This is all very fine; but the average doctor in the country is apt to long for a practice in the city, and would like to know how a lucrative patronage can be obtained. Such a query calls for a long list of conditions, some of which may be mentioned. Perhaps it would tend to elucidate the subject, if some of the ways were mentioned in which a country prac-

loneer can not get a practice in the city. He need not think that he can it by having a conspicuous office and covering it with signs, for the linary denizen of a city avoids all such displays. He need not entertain the deceptive idea that he is a little smarter than other doctors, and ust of it, for the people are accustomed to pretension, and shrink from

He need not flatter himself that he can put on a suit of fine clothes, in a showy house, and ride in a splendid turn-out, and thus wheedle rich and refined into the idea that he is somebody. The educated izens are on their guard against such tricks and frauds. Well, can the al practitioner come to town, hire a nice house in a good neighborhood, polite and agreeable to the corner grocer and the milkman, go to church ularly, and otherwise be eminently decent, and thus win a respectable of patrons? Almost never. Then it will be asked, how does a doctor ure a patronage in the city? Perhaps by purchasing a professorship in e medical college, and thus get advertised at "commencements" and ither public occasions? No; city people are too familiar with the way fessorships are obtained to give the slightest attention to the distinc- t. In so many instances are professors inferior men, that it is a disad- tage to a doctor to be dubbed professor, unless he can show that he sses superior qualities notwithstanding his title.

A physician obtains a good practice in a large city by exhibiting a high w of culture, intelligence, personal attractions, and a marked individ- sm. His presence is felt, as is always that of a superior person. He t possess age, dignity, suavity and gentleness. He must keep clear of tionable associations, and not advocate strange doctrines. He must done phrenology, spiritualism, temperamental science, and other para- texerescences which cling to the tree of knowledge as if they were of the tree itself. He must lend a helping hand to charitable insti- tues, especially if they be connected with the church. He can make e valuable acquaintances by attending a few fairs than in any other . It will help him amazingly if he be a Knight Templar, and knows to turn his standing to a profitable account. It is an extensive ac- intance in good social circles that the physician most needs. If he or wife have rich and influential relatives, the factor is an important one; if he can get into a newspaper controversy with the most notable phy- ician in the city, and can well sustain the side he takes, he steps into rable notoriety at once. If he can write a striking article for a lical Journal, and then have it printed in pamphlet form for distri- tion among the best citizens, he is taking a step that may favor his pro- fessional career. If he be an average individual in the country, he will less than that in the city. If he use faulty English in conversation, it il soon be known every where, for the world is full of critics; and they ver lose an opportunity to blacken a man who assumes to be learned by le or otherwise. A physician must make the world believe he is busy d industrious, whether the appearance be real or not. A good reputa- m is soon tarnished by visits to a place where idlers congregate.

The ideal of my youthful aspirations was to practice medicine in a county ut, where I could enjoy the importance of the place as a business and cial center, and have enough rides in the country to make life whole-

some and pleasant : where the competition would be great enough to keep me from growing rusty, yet not so ardent and selfish as that often met in large cities. What modest man would be driven about in a liveried coach just to make an impression ? That species of notoriety seems not morally above that imparted by a flaming advertisement. It is a fact, too, that those physicians who indulge in this variety of advertising were rocked in rickety cradles.

### *Aconite.*

For acute febrile symptoms there is no remedy in common use that is oftener employed than aconite. The form usually dispensed is a tincture of the root. The dose is half a drop in a teaspoonful of water. Even a less quantity makes a marked impression upon the circulatory, respiratory, cutaneous, and secretory functions. A practitioner of medicine can, with a half-ounce vial of the medicine in his pocket, prescribe for many patients without replenishing. The agent rarely can be given amiss, except in typhoid and other devitalizing states.

In large doses aconite is an acrid poison, a drachm proving fatal in several instances. A patient of mine—a boy eight or ten years old—swallowed a teaspoonful of the officinal tincture of the root, and became lying, unconscious, and pulseless, but under an active movement treatment he recovered. Headland reports several cases of poisoning from the administration of over-doses of Fleming's tincture of aconite, the majority of which proved fatal. A woman took fifteen minims, became insensible for two hours, yet recovered. A man took a teaspoonful by mistake ; he was found some hours afterwards, in a cold and pulseless state, from which he never recovered. A merchant took twenty-five drops, supposing that was a dose, and died in six hours. Capt. Smith, of the Lancashire militia, took a drachm of the tincture of aconite, which had been prescribed as the tincture of chiretta. He died in a few hours. The two dispensers were convicted of manslaughter, and sentenced each to four months' imprisonment.

Four cases are reported in which the fresh aconite root was eaten under the presumption that it was horseradish. In one instance a man, woman and child partook of the poisonous agent, and the man, who ate the most, died ; the woman and child, who ate little, were very sick, but recovered. In the second instance, only one person partook of the agent ; the result was fatal. The third case was very similar, and the termination disastrous to life. The fourth case was that of four priests who, at a dinner in Dingwall, ate freely of aconite, under the impression that it was horseradish, and all died. Several ladies were at the table, but ate sparingly, and were saved. The aconite grew in the garden close to the horseradish, and it being in the winter, the leaves were not seen, so that the man-servant dug up one of the roots by mistake, and the cook used it in garnishing the roast beef.

Aconite is a very ancient medicinal agent and poison ; and is therefore very interesting to students of classical literature. Dioscorides states that aconite is indigenous to the uplands and mountains of Greece. It was used for painful affections of the eye, and to stupefy scorpions. *Flesh*

isoned with aconite was used as a bait to kill panthers and wolves. Iecate was supposed to have invented aconite for a charm and fatal poison. Medea mingled it in a fatal cup for Theseus; and the agent was employed in Ceos to dispose of old and infirm men who were no longer of use to the State. The Borgias, who were noted poisoners in Italy, employed aconite as one of the ingredients in their fatal draughts. H.

---

### National Medical Conventions.

Philadelphia and Washington, as might have been expected, were the places where the national organizations held their annual meetings this year. The American Medical Association held a very unsatisfactory meeting in Philadelphia,—unsatisfactory because the superior attraction of the great exhibition kept the convention thin, and interfered with methodical work. The delegates went more to see the great show, than to read papers or to discuss heavy questions. Then, again, the feasting feature of the Association is playing out gradually, and the number of country members falls off *pari passu*. It is astonishing how far a doctor will travel to be present at a feast. The general interest of the Association diminishes every year; and the time is not remote when the American Medical Association will be conveniently small. The decline in membership and attendance during the last three or four years has been marked.

The Homœopathic National Association also held its annual meeting in Philadelphia; and although the general attendance was larger than usual, the amount of business transacted was less.—the members were there, in the major part, to see the Centennial elephant, and little pills were unattractive in comparison. Homœopaths also love big dinners; and they take good things in allopathic quantities.

The National Eclectic Medical Association met in Washington; but our correspondent, Buckeye, says the meeting was a failure. Whether the location was not well selected, or that the Philadelphia attraction was too great, may be speculative questions. From the character of the meeting it is quite certain that the colleges have ceased to regard the occasion as profitable to pick up students and subscribers. The next place of meeting is Pittsburg, Pa., a central place. H.

---

### Temporary Relief for Ascites.

While visiting a pulmonary case in Covington, Ky. last year, my attention was called to a German, 55 years of age, who was suffering considerably from accumulation of a dropsical fluid in the abdomen, legs, and scrotum. The infiltration into the areolar tissue of the penis and scrotum distorted those organs so much that it became difficult to pass the urine.

To administer temporary relief I punctured the distended and distorted integument, which permitted the serum to drain off quite freely. In a conversation with the intelligent patient I learned that early in the disease he suffered with something like hydrocoele, and that the fluid flowed freely from the abdominal cavity into the scrotum. Acting upon his suggestion I made a deep incision into the base of the scrotum, dividing all

its tunics; and the water flowed *pleno rivo*, as the old medical writers describe a bountiful gush. A gallon of ascitic fluid was discharged in the few minutes I spent at the bed-side of the patient; and in two or three days nearly all signs of anasarca and ascites had disappeared. Every three or four months the incision into the scrotum has to be renewed, for, as soon as the greater portion of the dropsical fluid is discharged, the wound heals. Each repeated incision seems to afford the same temporary relief as did the first; and the patient is entirely satisfied with the course pursued. A cardiac difficulty seems to be the cause of the ascitic effusion; and no medication has afforded permanent benefit.

H.

---

### *A Distinction Without a Difference.*

One of our esteemed correspondents, Dr. Kirk, of Pa., has produced an interesting article on the subject of "Definite Medicines." While he approves of *specific* diagnosis, and *specific* medication, he thinks that *definite* medicines must be added to make the achievement complete.

Our St. Louis friends have adopted "direct medication," to make their readers believe they have discovered something valuable, or have brought forward something that was not thought of before, but the average reader is not misled by change of terms, nor particularly pleased with attempts at misdirection. The motive is always seen and properly weighed.

Specific medication, as taught for years in this Journal, embraces in its scope all there is presented by the advocates of *definite* medicines and *direct* medication. At least so it seems to us who aim to keep our eyes free from motes, beams, and all forms of strabismus.

H.

---

### *The State Eclectic Medical Society of Iowa.*

The above association, which embraces many energetic practitioners of the Eclectic faith, held its annual meeting this year at Des Moines. Much business of interest to the Society was transacted, and there was no disposition to backslide on the part of those who put in an appearance year after year. Committees on the various branches of medicine and surgery reported with commendable promptness and fullness.

The death of Dr. Marmon, of Mitchelville, which occurred in September, 1875, was duly noticed by a series of resolutions which set forth the many reputable qualities of the deceased.

Prof Garrison of Chicago, and Dr. Duncan of Crawfordville, Ind., gave eclat to the meeting by their presence and action. They are both presentable men in any gathering of doctors.

The meeting next year is to be held at the same place, on the third Wednesday of May.

---

### *Beef Tea.*

The above nutrient is so often employed at the present time, that the following method of making an excellent article will be of value. It is taken from Dr. Letheby, in his work "On Food":—

"The richest of all soups is obtained from finely chopped lean meat, soaked for an hour or so in an equal weight of water, and then gradually raised to the boiling point. After simmering for about a quarter of an hour, it should be pressed and strained from the insoluble muscular fibre. In this condition it contains the whole of the soluble constituents of meat, amounting to about five per cent. of the meat used ; so that a pint of soup from a pound of meat contains just four-fifths of an ounce of meat extract."

A small quantity of common salt should be added to the soup, tea, or essence. This beef extract enters the absorbents without much digestive action, and may be taken by all classes of patients.

### Notes and Queries.

"Was there ever a female surgeon?"

M. C.

Certainly; as may be learned from Spencer's *Fairy Queen* :—

"So prospered the sweet lass; her strength alone  
Thrust deftly back the dislocated bone;  
Then culling curious herbs of virtue tried,  
While her white smock the needful bands supplied;  
With many a coil the limbs she swathed around,  
And nature's strength returned, nor knew the former wound,"

"How long does it take the opium habit to kill?"

J. P. K.

Those who habitually indulge in the use of opium in any form, often live to advanced ages. Probably the daily use of opium prolongs life in many instances—but such a life! *Mania a potu* is horrible while it lasts, but the victim is soon released from "hell upon earth." The delirium produced by a prolonged indulgence in opium is a kind of purgatory—"out of hell, yet not in heaven."

"Was transfusion known to the ancients?"

STUDENT.

It would seem from the following passage in Ovid, a Latin poet, that filling the depleted veins of the aged with youthful blood, was contemplated, if not carried into execution :—

"Quid nunc dubitatis inertes?  
Stringite aut gladios: veteremque haurite cruorem;  
Ut repleam vacuas juvenili sanguine venas."

"When did Daniel Lambert live, and what was his weight?" E. M. T.

The subject of inquiry was born in 1770, in Leicester, England, and died at the age of thirty-nine. He weighed seven hundred and thirty-nine pounds at the time of his death. He measured nine feet four inches round the body, and three feet one inch round the leg. He is reported to have been a man of exalted and convivial mind. The inscription over his grave is as follows :—" *Altus in animo, in corpore maximus.*"

"Did not Prof. Gross pronounce phlebotomy a "lost art"? ANSEL.

He alluded to blood-letting at Louisville, last year, before the annual convention of the American Medical Association, and spoke of it as a "lost art," but he did not approve of throwing the lancet away, for he actually recommended a revival of this old therapeutic agency. In that address Prof. Gross surprised the conservative portion of the medical profession.

*A Woman on Women Doctors.*

A spicy female writer, Mrs. Lynn Linton, of London, is rather severe on her own sex in regard to the practice of medicine. She says:—

"Let us take the medical profession, which seems to be the prevalent craze among women to assume, and see what this comes to practically: Simply to their having the pick of the profession, that is those branches undertaken in those places where there is the minimum of bodily fatigue, of exposure, of hard work, for the maximum of pay. What woman would be capable of undertaking a rough country practice such as knocks up even strong men after a time? Imagine the ordinary lady—and we have no right to assume that all our lady-doctors will be abnormally strong,—imagine a woman of ordinary physique called suddenly to a mining accident, or to one of her own special "cases," riding nine or ten miles over a bleak moor on a dark night in mid-winter, with the wind and rain driving furiously against her, and the night so black that she can not see a hand's breadth before her! The thing would be impossible; but it is by no means infrequent, as every country practitioner can testify. Yet it is these rough country practices which so often serve as stepping-stones to something better, and by a turn at which for a time so many good men have been made. It will be a dreary outlook, however, and scarcely a fair division, if, supposing this craze takes root, the men are obliged to remain content with the rough places of the profession, to keep the former stepping-stone as their permanent position, and to forego all the easier forms of practice, because the women have appropriated them. Yet it must come to this, if it comes to anything at all, for women would, as a rule, find a home practice, with all the helps of carriages and fixed hours for consultation, as much as their health could bear, and to put them into the ruder harness, would be to annihilate them altogether."

"This craze of unsexed manliness is a false move; we can only hope that it will pass before it has done much vital damage, though assuredly it has done damage enough already! In substituting excitement for duty, individualism for love, freedom from natural restraint for the lovely unselfishness of maternity, personal ambition for wifely devotion, it has cut at the root of all the charms and virtues of womanhood."

---

### BOOK NOTICES.

THE MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION.  
Part II, Vol. II. SURGICAL HISTORY. Prepared by GEO. A. OTIS,  
M. D., under the direction of Surgeon-General BARNES. Washing-  
ton: Government Printing Office, 1876.

This is one of the most valuable surgical works the Government has yet issued. It is immensely bulky, containing over a thousand quarto pages; and numerous illustrations, several of which are tinted. Being issued at the expense of the Government, it is free to every medical man who may ask his Congressman to forward him a copy. The work is intensely elaborate, containing names of soldiers wounded, and of the sur-

geons attending, also extensive tables which must prove valuable to the student of military surgery.

The volume begins with a continuance of a description of special wounds and injuries of the abdomen, Chapter VI., and after embracing traumatic difficulties of almost all parts of the body, except the head, neck, and thorax, ends with wounds of the hand.

The illustrations are plentiful, and striking. In most instances they are creditably executed. Many are taken from photographs, and quite vividly show the effect of bullet wounds, and the consequences of such injuries.

It is to be hoped that our Government has issued a bountiful supply of this work; and that practitioners of all schools will avail themselves of this opportunity to possess a book which they can not study without receiving great benefit.

The source from which the work emanates is a guarantee that great care and an immense amount of labor have been spent in its preparation. It would be idle to attempt to review the work in an ordinary journal, on account of the great quantity of matter to be read and commented upon.

It seems a pity that the book is issued in so ponderous a form, for it can not be set up in an ordinary book-case. The page should have been smaller, and the volumes more numerous. However, it seems to be in the style of the Government works; and we need not expect to influence the plans of those who are in authority, and think they know what they are about.

The compilers do not pretend to teach the principles of surgery; but to show what was done at the time the injuries occurred, and the result as far as can be ascertained. The reader will be astonished to find how much recuperative power was exhibited on the part of nature in some instances, and how little was put forth in others.

An examination of the resections or excisions will convince every practical surgeon that amputation is too often performed in the management of gun-shot injuries. Although many of the excised limbs were not as useful as could be desired; in most instances where recovery took place, quite serviceable limbs were preserved.

In a subsequent notice I hope to be able, after a faithful study of special parts of the work, to give the production a more extended notice.

---

BACHELDER'S POPULAR RESORTS; AND HOW TO REACH THEM. Published by BACHELDER of Boston, and for sale by Robt. Clarke & Co, Cincinnati, Ohio. Price, 75 cents.

At this season of the year many well-to-do people are inquiring where they shall go to "spend the summer." Every would-be lady, although her purse be as empty as her head, is going to take a "summer trip," and she wants to know where the "somebodys" go? And all she has to do is to purchase one of *Bachelor's Popular Resorts*.

While writing this notice, the mercury is in the nineties, consequently it is very tantalizing to look over the pictures of those cool places—mountain and coast—in New England: and those elevated "resorts" in the Alleghenies are scarcely less seductive; especially when we can get no comfort except such as may be derived from a palm-leaf fan. Then, to

think of the sweet milk, butter, and berries; then trout, fresh mackerel, and blue-fish; and to contemplate the freedom from mosquitoes and other pests of like kidney! To dwell on the subject while smarting under an attack of "prickly heat," is enough to arouse a latent taint of lunacy.

But there is some real comfort in looking over one set of illustrations in the book;—we allude to those "resorts" on the Yellow Stone, somewhere between the Little and Big Horn rivers! We are glad not to beat the "Big Geyser," and other seductive spots in that enchanting region. To tell the plain truth, we have no inclination to make engagements there this season. It is highly probable that Sitting Bull has much Indian hospitality in him, and would be only too glad to share with us editors—a part of his lodge and mat; yet his ordinary tranquility has been so much disturbed of late, that he might not be particular in discriminating between a quill driver and an ordinary mortal. If he will come to us here, we would be moved to draw the tacks from our best box of fragrant Havanas, but we have no lively desire to visit his majesty in one of those enchanting places of his,—oh no, we prefer to stay at home. H.

---

THE HISTORY OF CREATION. By ERNST HAECKEL. Two volumes, translated from the German by PROF. LANKESTER, of Oxford

This is not strictly a medical book, but since *matter* and *life* constitute the most important subjects for a physician's consideration, a work of this character can not be treated with scorn nor neglect. Not many centuries ago a production of this kind would cost its author his head; but every thing which is not palpably immoral is now tolerated. Draper's History of the Conflict between Religion and Science, is a blow aimed at the Church; and Haeckel's History of Creation is a bold attack upon the biblical account of the earth's origin. Materialistic writers, as a rule, admit the existence of a Creator, but Haeckel very complacently finds no use for any such being! This seems very shocking to orthodox and evangelical ears, but we must educate ourselves to endure the reading of heretical works now being cast upon the literary world. Besides, physicians are not preachers, but healers of the sick; and they have a keen relish for biological studies—they are generally pretty well informed in regard to religious matters, and have a good degree of reverence for sacred things, yet they are not afraid of offending Deity if they inquire into his mysterious ways through other avenues of knowledge than the Bible as a scientific text-book.

There is an inexpressible pleasure enjoyed by the feeble and the trusting, as they contemplate participating in eternal happiness, therefore it seems cruel to rob them of this innocent pastime. If the present state of the earth has been evolved by the inherent qualities and powers of the universe, and "poor miserable sinners" would be wretched if it was proved to them that there was no God, and never had been any such Divinity, that man was not immortal, therefore there was no future state for rewards and punishments, why should such pleasure-destroying doctrines be taught or be allowed to be taught? Does the writer of atheistic works offer any substantial source of happiness for poor dying mortals? What physician has not been at many bedsides and beheld the change from life to death,

yet no dread manifested—no terrible thought that the next step was annihilation, but, on the contrary, an enthusiastic belief that everlasting bliss was soon to be enjoyed? To repeat, would it not be downright cruel to deprive poor world-sick souls of this ecstatic hope? The self-poised and hardened philosopher may say that those dying happy on account of a religious belief, are enjoying the fruits of fraud—that it is preferable to die with a comprehension of what is scientifically true, even if less happy; yet few are at present educated up to the doctrine of evolution and all its results. The martyrs were canonized for dying at the stake for opinion's sake, though the prospect of eternal happiness was a vivid picture before them; yet every scientist who believes in evolution, is seemingly a greater martyr, and has no promise of a future different from that of a dog. To be sure, a man in a measure may live again in his progeny—some semblance of him may continue forever in a descendant, yet that is not the spiritual hereafter promised in the Scriptures and by religious teachers.

We shall live again, or we shall not; and the question is weighty enough to command consideration, therefore let those who can risk themselves in plucking fruit from the tree of knowledge, read carefully this great work of Ernst Haeckel. He does not make spontaneous generation any more certain than it has been made before, but presumes the favorable conditions for such an event have passed away—that they existed when the heat of the earth was greater than it is at present, and when carbonaceous gases were in greater abundance. This is not at all satisfactory, for it is not improbable that it would require as strange a combination of materials and forces to transform inorganic matter into the primitive monad, as to create a man "out of the dust of the ground." The biblical account of the creation of man is pronounced "miraculous," yet how much less miraculous would it be to create a monad out of material that never before had been quickened into life.

The above is not claimed as a review of the book or of its doctrines, but as an intimation of what may be found in the work, and of the thoughts such reading may suggest. It is not in accordance with the spirit of the age to suppress books of this kind. In fact, there is an eagerness for literature of the kind that threatens to upturn the foundations of the Christian religion, unless the latter be modified, or be made to conform to the established principles of science. There is no necessity for the evolutionist to attempt to dethrone the Almighty; it is as easy for him to presume that the Creator "miraculously" breathed the breath of life into the scientist's monad, and then went on with the work of evolution in much the same way as the materialist has written up "the history of creation." There is plenty of evidence that the lower forms of organic life appeared first on the earth, and that millions of years must have been consumed in the work of evolving the higher forms, yet is this at variance with an idea that a Creator was at the foundation of the scheme? It would exhibit becoming humility if the evolutionists let Deity stand until they can prove how some kind of an organism may be created. If the Almighty is an idol of human creation, it will do no harm to worship at that shrine until the real source of life is discovered.

**Gleanings from the French and other Journals.** By Prof. JOHN KING, M. D.

**ACONITE.**—The stems, flowers, and seeds of this plant have little or no therapeutical action, and its properties vary according to the place of production, the part of the plant used, and the preparation employed. The root is the most active part, the leaves less so. The more active plants are those grown in Switzerland, then those of the Vorges, and lastly those produced in gardens.

The tincture of the fresh root is very active and should be prescribed in small doses, especially because of its inequality of action due to the difference in the quantity of water contained in the various root. The tincture of the fresh leaves is less active. A tincture of the dried roots is more active than that of the leaves, but has an uncertain and unequal action. Extract of the leaves is nearly inert; but the extract of the dried roots is very active, and should be used on account of the certainty of its effects,—its action being equal and regular. All the preparations of aconite should be commenced in small doses, and employed with care, gradually increasing the quantity of the dose, if necessary. Aconitine possesses great energy, and should be used with great prudence. The best aconite for medicinal purposes is that from the Vorges, the others being too violent or too uncertain in their action.—*M. Oulmont.*

**MONOBROMATED CAMPHOR.**—This agent has been found very efficacious in chronic cystitis, especially of the neck of the organ, when the pain is not due to neuralgia or organic lesion, and when the cystitis is of congestive origin, associated with a vascular lesion of the neck, the result of various causes. If vesical catarrh is present at the same time, the effects of this agent are almost null; being, however, more decided when the catarrh is slight, with similar results when a more or less acute prostatitis accompanies the inflammation of the neck of the bladder.—*M. Lan- nelongue.*

**ORCHITS.**—This malady is effectually cured by the following:—1. Keep constantly applied upon the affected organ (the patient preserving a state of rest), lotions of a mixture of one part of tincture of arnica with six parts of water;—2. Rub along the track of the spermatic cord, two or three times a day, an embrocation made of one-third or one-half part tincture of arnica with one part of some oily liniment.—3. Administer internally, seven drops of the tincture of arnica, mixed, if fever be present, with two and a half drops of Fleming's tincture of aconite and acetate of ammonia.—*M. Knaggs.*

**SULPHIDE OF CARBON.**—This agent has been found a very powerful cicatrizant in atonic and chronic wounds and ulcers. A very minute portion is placed upon the surface of the ulcer, which causes a severe pain for a few minutes; in subsequent applications the pain becomes gradually diminished; no eschar results from its use. Any kind of ulcer, is benefited by its application. After the pain has passed away, an anæsthetic period of several hours is apt to follow. It has not been applied to ex-

tensive ulcerations, nor to the vaginal mucous membrane. The mode of applying it, is to moisten a small piece of lint with it, press out all the excess of the fluid, and lightly and rapidly touch all parts of the surface of the wound, and then (M. Guillaumet) immediately cover the part with powder of subnitrate of bismuth, to prevent the too rapid evaporation of the agent. The frequency of these applications will depend upon the character and degree of chronicity of the ulcer; thus, in old, indolent ulcers it may be applied daily; in recent and more excitable ulcers, every two or three days.—*E. Michel, P. Guillaumet.*

CHOREA.—This disease has been cured by sprays of ether applied along the spinal column by means of Richardson's or Marinier's spray apparatus. Each application lasts from four to eight minutes; making three applications per day, at first, and subsequently reducing them to two.—A piece of ice carried along the vertebral column for five or six minutes, produces the same effects. These two methods act by their revulsive refrigerant action upon the excito-motor point of the nerve-centres.—*M. Lubsloki, M. Perrond, M. Fabry.*

BRONCHIAL ADENOPATHY.—The diagnosis of this affection is often very difficult, if not impossible. We can often ascertain in this disease the presence of a somewhat dull sound and a want of elasticity in percussing the superior and right half of the sternum, as well as the posterior corresponding part of the chest; auscultation readily detects broncophony and souffle, but all these characters have nothing positively pathognomonic. *M. Gueneau de Mussy* has rendered a real service to the study of this affection by determining, after a large number of observations, the nature of the souffle, which has an *aspiratory* character. This aspiratory souffle is characteristic of compression of the bronchi, and enables us to make a certain diagnosis. As treatment, he prescribes the daily use of tincture of iodine six or eight drops, in syrup of colombo one fluid ounce; at the same time, a tonic regimen and a few pills of iodide of iron.—*Revue de therap medico-chirurg.*

ALKALIES.—Contrary to the opinion which attributes to them the property of impoverishing the blood, Dr. Pupier distinguishes between the two conditions, physiological and pathological. Bicarbonate of soda given experimentally in large doses to a healthy man of 47 years, and continued for a long time, affected, as determined by the apparatus of Malassez, an increase of the red globules. Similar results were obtained with the dog, the rabbit, and the fowl. The globules, as well as the temperature, the weight of the subject, and the tropical phenomena, were augmented. Then this is entirely an inverse action.—Alteration of the blood by alkaline medication is observed, on the contrary, where there is interstitial lesion; it induces anemia by developing morbid evolution. These facts, apparently contradictory with clinical observation, are reconciled by this explanation, preserving to the alkalies their univocal action; on the one hand they activate the physiological functions; on the other, they stimulate the pathological processes. From thence, their therapeutical contra-indication in the latter instance.—*Acad. des sciences Mai.*

**ODOFORM.**—This agent has been found efficacious in anal fissure, and in vaginismus with extreme hyperaesthesia of the vulva. The parts are to be sprinkled with the powder, and then covered with lint containing some of it.—*M. Tournier. M. Clemens.*

**FACIAL NEURALGIA.**—If this disease is intermittent, administer valerianate of quinia in the dose of 4½ to 9 grains, per day, according to the intensity of the paroxysm.—If the neuralgia affects the continued form, employ the following pills; take of valerianate of zinc 9 grains, extract of hyoscyamus 4½ grains, aqueous extract of opium 2 2 5 grains; mix and form 12 pills. The dose is three per day, one every three hours. If, after having exhausted this number of pills, the neuralgia is not cured, it will be useless to renew them, as their effect should be prompt.—*M. Tournier, Revue Medicale.*

**WARNER & Co**, of Philadelphia, are continuing to win prizes at fairs, for their soluble sugar-coated pills: but the best of all distinction rests in the good opinions of the many medical men who have pronounced in favor of Warner's manufactures.

**For Sale.**—Office fixtures and other personal effects in a city of nearly twenty-five thousand inhabitants, with a practice of 2,500 to 3,000 dollars thrown in. Price fifteen hundred dollars cash. Reason for selling, ill health. Fine opening for a young surgeon. Address **J. M. SCUDDER**, Cincinnati, for address of location.

**A Rare Chance.**—A fair general practice, together with a good office, and eye and ear business, almost given away, in a town of 15,000 inhabitants. Address **K.**

Drawer 64, Aurora, Ill.

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address

**DR. J. S. BARTON,**

Vera, Fayette Co., Ill.

#### RECEIPTS FOR JOURNAL TO JULY 23.

A J Redding 2, H M Craton 2, W Idding 2, O S Prophet 2, R D Reynolds 2, D L Phares 2, S D Henderson 1, M D Sterrett 2, Chas H Rose 2, J H Ralston 2, L H Davis 2, Wm Cordell 2, J B Wright 2, Jno L Bennett 2, Palmer & McAllister 2, C L Howell 2, W S Knight 1, H W Baggs 2, C Hull 2, J O Fallman 2, I F Cameron 1, A B Simmons 2, R Fowler 1, Miss M H Ratson 2, Geo W Lawson 3, Amos York 1, Henry Holt 2, E Elswick 2, A D Evans 2, W D Turner 2, C W Bates 2, W Hill 2, J O Loveland 1, M R Tewksbury 2, A S Gregory 1, G W Holmes 2, T C Murphy 2, T A Lucas 1, Jacob Ball 2, F S Matteson 2, W E Bradford 2, J M Roe 2, H D Jilison 2, N Simmons 4, G W Delbridge 2, J H Walker 2, J C Thomas 2, W M Milton 2, D V Howard 2, W Holland 2, A M Towl 2, E M Moon 1, J T Plimell 1.50, F Stearns 1, W E Moore 2, J W Camp 2, H K Cunningham 2, Jas Cooper 2, E L Downey 1.50, D O Clover 2, Daniel Lewis 2, J C B Dixon 2, W P Johnson 2, J U Stiefelmyer 2, J W Bradshaw 2, N H Laird 1, J M Hall 2, M F Gibbon 2, M R Hunter 2, L W Estabrook 2, H A Barber 2, S B Rude 2, M M Miles 2, G E Bishop 2, R Fowler 1, H Little 2, H B Train 2, W Echemmyer 2, P H Adams 50c, L C Stebbins 2, J B Sharp 1, J Lessey 2, A J Applegate 2, J W Baggs 2, J H Doran 1.50, M Keller 2, M Nead 2, S W Biddinger 2, F C Hunter 2, G W Bettes 2, S J Bell 2, Wm O West 2, Dr Lavens 2, Jos L Bennett 2, Wooner & Reynolds 2, D L McMurtrey 2, Ira C Winans 2, Levi Minard 2, S Goodsell 1.25, A C Butler 2, Jno Clark 2, J S LaRue 2, Jas McCoy 2, T J Jones 2, W H Carter 2, D W Gallaway 2, J W Hammond 2, G Kirkpatrick 2, D Byler 2, D T Skinner 2, E H Millington 2, E W Smith 2, A R Rose 2, J M Stout 2, W MacQuigg 2, M E Johnson 2, G H McGarvey 2, Jno A Dix 2, H W Dickinson 2, J H Shultz 2, N Everly 2, T Brockway 2, Battle & Co 50c, W B Thurston 2, S Randolph 2, D M Keith 2, R E Phillips 2, Chris Williamson 2, W H Powers 2, L S Walters 2, Isaac Smith 2, LeRoy A Smith 2, G W Reich 2, W F Hazelton 2, L H Redd 2, W Deffenbaugh 2, D Lloyd 1, Geo W Pilkington 2.

# THE ECLECTIC

## Practice of Medicine

### For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## MITCHELL & RAMMELSBURG FURNITURE CO.

Design, Estimate for, and Make to Order,

Hard Wood Mantels, Doors,

Counters, Interior Wood Work,

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

## LACE CURTAINS

—AND—

## ALL KINDS OF BEDDING.

107, 109, 111 and 113 West Fourth St.

CINCINNATI:

Send for Catalogue.

WM. S. MERRELL.

GEORGE MERRELL.

WM. DODD.

---

REMOVAL.

---

**WM. S. MERRELL & Co.**  
**Manufacturing Chemists,**  
**PHARMACISTS,**  
—AND—  
**Wholesale Druggists,**

Have removed their office and sales department to the five story store front store, opposite the new Government Buildings.

*No. 5 West Fifth Street.*

---

Laboratory and Drug Mills, Corner Eggleston Avenue  
and Sixth Streets,  
**CINCINNATI, O.**

---

The following additions have been recently made to our large line of  
**PHARMACEUTICAL SPECIALTIES.**

The success attending the use of these remedies is so marked that we are induced to bring them at once to the notice of the profession.

**Fluid Extract Grindelia Robusta,**  
**Fluid Extract Yerba Santa,**

Prepared from fresh material just received from California.

Also, Fluid Extract Damiana, recommended by members of the profession as a powerful aphrodisiac.

---

The above remedies, and also our Resinoids; Fluid Extracts; Sugar-coated Pills; True Ethereal Oils; Tincture Gelsemium (entirely from the green root); Compound Syrup Stillingia (in pint bottles); Sulph. Hydrastia. and other leading specialties, may be obtained of all the leading Wholesale Druggists throughout the country, or direct from us, in quantities to suit purchasers.

PRICES CURRENT furnished on application.

N. B.—To avoid mistakes, parties addressing us will please direct in full to

**Wm. S. MERRELL & Co.**

No. 5. WEST FIFTH ST.

CINCINNATI.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

REPRODUCTIVE ORGANS

AND

THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE HOLBROTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:  
WILSTACH, BALDWIN & CO., PRINTERS.  
1874.

# CODMAN & SHURTLEFF'S

APPARATUS FOR

## Atomization of Liquids for Inhalation, Local Anæsthesia etc.

By the Atomizer, any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs.

### *The complete Steam Atomizer, No. 15, for Inhalation, &c.*



The complete Steam Atomizer, No. 15.  
For Inhalation, &c.  
Pat'd Mar. 24, 1883, and Mar. 16, 1899.

It consists of the sphere-shaped brass boiler A, steam outlet tube B, with packing-box C formed to receive rubber packing through which the atomizing tube D passes, steam-tight, and by means of which tubes of various sizes may be tightly held against any force of steam, by screwing down its cover while the packing is warm; the safety-valve E, capable of graduation for high or low pressure by the spring or screw in its top, the non-conducting handle F, by which the boiler may be lifted while hot, the medicament cup and cup-holder G, the support H, iron base I I, the glass face-shield J, with oval mouth-piece connected by the elastic band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M N, where it may be fixed at any height or angle required, by the milled Screw N.

The waste-cup, medicament-cup and lamp, are held in their places in such a manner that they can not fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It can not be injured by exhaustion of water, or any attainable pressure of steam.

It does not throw sprits of hot water to frighten or scald the patient.

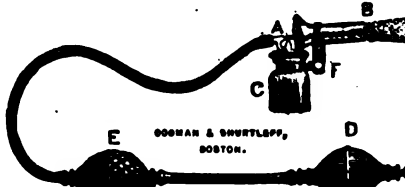
It is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will render the best of service for many years, and is cheap in the best sense of the word.

Price \$8.00. Brass parts Nickel plated, additional, \$2.50.

Neatly made, strong, black walnut box, with convenient handle, additional, \$2.50.

*Shurtleff's Atomizing Apparatus, No. 5, for inhalation, and with suitable tubes for local anæsthesia, and for making direct local applications of atomized liquids, for a great variety of purposes.*



Shurtleff's Atomizing Apparatus, No. 5.  
Patented Mar. 24, 1883.

The most desirable Hand Apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and works perfectly in all positions.

The bulbs are adapted to all the tubes made by us, for local anæsthesia in surgical operations, teeth extraction, and for inhalation. Price \$2.00.

Each of the above apparatuses is supplied with two carefully made annealed glass Atomizing Tubes and accompanied with directions for use. Every steam apparatus is tested with steam, at very high pressure. Each apparatus is carefully

packed for transportation, and warranted perfect. Also—

- HAND BALL APPARATUS (Fig. 5, without shield) with two glass tubes,.... 3.50
- THE BOSTON ATOMIZER, with two glass atomizing tubes and shield,..... \$2.50
- THE TREMONT ATOMIZER, with two glass atomizing tubes,..... 2.00
- GLASS TUBES to fit any of our apparatus, warranted perfect, each,..... .25
- NICKEL PLATED TUBES, for local anæsthesia and for inhalation, each, 2.00
- RHIGOLENE, for local anæsthesia, best quality, packed,..... 1.00
- NASAL DOUCHE, for treating diseases of the nasal cavity, eight different varieties, each with two nozzles, packed, \$1.20, 1.50, 1.75, 2.00 and 3.50

N. B.—To save collection expenses, funds should be sent with the order, either in form of draft, post office order, or registered letter.

For complete illustrated price-list of apparatus, tubes, &c., see pamphlet.]

See next page.

Will be sent by mail (post-paid) on application,

# A P A M P H L E T

Containing two articles, by distinguished foreign authority, on

## INHALATION OF ATOMIZED LIQUIDS,

with formulae of those successfully employed.

Also an article by Dr. J. L. W. THUDSUSUM, M. D. C. P., on

## A new Mode of Treating Diseases of the Nasal Cavity,

with his formulae.

Also an illustrated description of the best apparatuses for the above purposes, and for producing local anaesthesia by atomization with ether, by the method of Dr. Richardson of London, or with Rhigolosa, as described by Dr. Henry J. Bigelow in the Boston Medical and Surgical Journal, of April 19, 1866.

All our Atomizing Instruments are made with the utmost care, with a view to their complete efficiency, convenience and durability, and every one is warranted. A Gold Medal was lately been awarded to us by the Middlesex Mechanics' Association, for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New England Surgeon and physician:

"1503. Codman & Shurtleff, Boston, Mass., one case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. \* \* \* The various other instruments for inhalation of atomized liquids and for local anaesthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture.—Gold Medal.

(Signed)

GILMAN KIMBALL, M. D. Chairman."

Also by the Mass. Charitable Mechanics' Association, Exhibition of 1868—a Silver Medal, the highest medal awarded for Surgical Instruments.

### ALSO FOR SALE.

Carman's Stethoscopes:—

Disarticulating.....\$7 00

\* Knight's Modification.....0.50

Simple Throat Mirrors.....1.00

Ophthalmoscopes, Liebhaf's.....4.00 to 6.00

Holt's Detector, Improved.....30.00

Barnes's set of three, with inflator

and Stethoscopes.....6.00

Large Ear Mirrors, Tyllsche's.....3.50 to 5.00

Hydroptic Syringes.....3.00 to 13.00

\* Miller's Intra-Uterine Scarificator, in

case, (post-paid).....7.00

Lente's Intra-Uterine Caustic Instru-

ments.....1.25 to 3.50

Sponge Tents, plain and carbolicized, each

\* Dr. Cutter's Retroversion and other

Presaries.....3.00

Baile's Electro-Medical Apparatus.....15.00

\* Dr. E. R. Storer's Combined Spectrum.....0.00

French Rubber Urinals, with valves, male,

for night or day.....6.00

Male, day only.....2.50 to 4.00

French Rubber Urinals, female for day

only.....3.00

Vaccine Virus, warranted, 10 quills.....1.50

1 Crust.....3.00

\* Vaccinators, Whittemore's Patent Au-

tomatic, for Crust or Lymph flesh

from arm.—Instantaneous, certain,

and almost painless (post-paid).....3.00

Automatic Vaccinator, in case.....3.50

Powder Syringes.....2.00

Laryngoscopes, Complete.....16.00 to 30.00

\* Dr. Oliver's Laryngoscopic Lantern.....4.00

The same with Auto-Laryngoscopic

attachment.....5.00

The same with ditto and three Laryn-

goscopic Mirrors, in case.....3.00

\*Send for Descriptive Circular.

Amputating, Trephining, Excising, Pocket, Dissecting, Throat, Eye, Ear, Uterine, Obstet-  
ric, and all other special and general sets of Instruments on hand and made up to order.  
Trusses—Spinal and abdominal Supporter—Thulter Braces—Suspensory Bandages—Elas-  
tic Hose—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr.  
Styres's Splints for Hip-joint Disease—Fever Thermometers—Respirators—Syringes—  
Crutches—Universal Syringes—Galvanic Batteries and Apparatus—French Conical and  
Olive-Tipped Bongs and Catheters.

Skeletons, Skulls, and Anatomical Charts on hand: Manikins, Anatomical and Pathological  
Models imported to order: prices on application. All Instruments, Implements, and  
Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles,  
Bow Legs, Spinal Curvature, and other deformities, made to order.

Apparatus for Paracæsthes Thoracis, approved by Dr. B. W. Smith, and accompanied with  
directions kindly furnished by him.

Having our Manufactory with steam power, and a corps of experienced workman con-  
nected with our store, we are able promptly to make to order new Instruments and appa-  
ratus and to supply new inventions on favorable terms.

Instruments Sharpened, Polished and Repaired.

Our Atomizing Apparatus is for sale by **MAX WOCHER & SON,**  
105 West Sixth street, Cincinnati.

Also by **WM. AUTENREITH,** 71 West Sixth St. Cincinnati.

An illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid,  
on application.

**CODMAN & SHURTLEFF,**

Makers and Importers of Surgical and Dental Instruments.

13 and 15 TREMONT STREET BOSTON

**H. H. HILL & CO.,**

WHOLESALE DEALERS IN

**Drugs, Liquors, Medicines,  
AND CHEMICALS,  
BARKS, HERBS, ROOTS, ETC.,**

**Manufacturers of Resinoids, Fluid and Solid Ex-  
tracts, Syrups, Tinctures, Ointments, etc.**

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest  
prices.

**S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.**

**FRESH VACCINE VIRUS Constantly on Hand.**

---

CHAS. C. REAKIRT.

SAM. J. HALE.

JOHN J. JUSTIS.

**REAKIRT, HALE & CO.**

WHOLESALE DEALERS IN

**Pure Medicines, Chemicals & Drugs,**

**And Liquors for Medicinal Purposes,**

**99 WALNUT STREET,**

**Cincinnati, O.**

WE HAVE NOW

**CASTILE SOAP MADE OF PURE OLIVE OIL,**

And will henceforth keep a supply constantly in stock

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2 00
Euphorbia Hypericifolia.....	1 25
Ailanthus Glandulosa.....	1 10
Macrotys Rac.....	1 25
Also, recently dried bark of Ailanthus G.....	1 00
Enphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
 All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
 Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

# J. F. JUDGE, DRUGGIST,

—AND—

## MANUFACTURING CHEMIST,

N. W. COR. COURT AND CUTTER STS.

CINCINNATI, OHIO.

*Will supply every article required by the practicing Physician, such as:*

Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.

All articles furnished of the best quality, and no pains spared to give entire satisfaction.

Prices as low as those of other reliable houses.

---

## Fractures and Dislocations.

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*

SECOND EDITION.

Will be sent by mail free of postage, on receipt of the price, \$1.00.

Address

JOHN M. SCUDDER,

228 Court Street, CINCINNATI.

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine. Allopathic Medicine, Homœopathy, Eclecticism. The Physician. The Practice of Medicine. Quackery.

**PART I.—Anatomy and Physiology.**—The Materials of which Man is composed. Bone. The Skeleton. Articulations. Cartilage. Fibrous Tissue. Muscular Tissue. Nervous Tissue. Adipose Tissue. Origin of the Human Being. Development of the Body. Food. Hunger. Organs of Digestion. The Stomach. Small Intestines. Large Intestines. Liver. Pancreas. Spleen. The Blood. Heart and Blood Vessels. Arterial System. Nutrition. Secretion. The Skin and its Secretion. Kidneys. The Urinary Apparatus and Secretion. The Respiratory Apparatus and its Function. Lungs. The Lymphatic System and its Functions. The Nervous System. The Brain. Spinal Cord. Cranial Nerves. Parencology. Laws of Mental Development. Example. Value of Perseverance. Self Culture. The Human Temperaments. The Science of Physiological Marriage. Vital Tenacity. Organs of Special Sense. The Eye. The Ear. The Organ of Smell. The Organ of Taste. The Sense of Touch.

**PART II.—Hygiene.**—Dwellings. Defective Ventilation. Clothing. Food. Fruit. Air and Temperature. Exercise. Mental Occupation. Sleep. Excretion. Intoxicating Liquors. as a Cause of Disease.

**PART III.—Medicines for Family Use.**—Use of Medicines. Emetics. Cathartics. Diaphoretics. Diuretics. Sedatives. Narcotics. Tonics. Stimulants. Alteratives. Astringents. Antispasmodics. Expectorants. Liniments. Ointments. Emollients. Family Medicine Chest. Dietetic Preparations.

**PART IV.—Management of Accidents and Injuries and Surgical Diseases.**—Directions for Restoring the Apparently Dead. Treatment to Restore Natural Breathing. Treatment after Breathing has been Restored. Appearances which generally indicate Death Poisoning. Sun Stroke. Apoplexy. Concussion of the Brain. Bruises. Cuts. Burns. Dislocations. Fractures. Hernia—Rupture. Hemorrhoids. Piles. Fistula in Ano. Chronic Diseases of the Loin. Tumors. Cancer. Carbuncles. Boils. Fæta. Ulcers.

**PART V.—Diseases and their Treatment.**—Geneval Disease. Fever. Febricula. Intermittent Fever—Ague. Congestive Chill. Remittent Fever—Malarious Fever. Yellow Fever. Common Continued Fever. Typhoid Fever. Eruptive Fevers. Small Pox. Varioloid. Vaccination. Chicken Pox. Measels. Scarlet Fever. Spotted Fever. Diphtheria. Rheumatism. Chronic Rheumatism. Scrofula. Dropsy. Diseases of the Respiratory Organs. A Bad Cold. Croup. Chronic Laryngitis. Acute Bronchitis. Chronic Bronchitis. Inflammation of the Lungs. Asthma. Consumption. Prevention of Consumption. Physical Education of Children. Hemorrhage from the Lungs. Pleurisy. Whooping-cough. Diseases of the Heart. Diseases of the Digestive Organs. Derangements of Dentition. Toothache. Sore Mouth. Nurse's Sore Mouth. Dyspepsia. Diseases of the Liver. Jaundice. Diarrhea. Cholera Morbus. Asiatic Cholera. Cholera Infantum. Colic. Dysentery—Flux. Worms. Diseases of the Urinary Organs. Inflammation of the Kidneys. Suppression of Urine. Retention of Urine. Diabetes. Bright's Disease of the Kidneys. Incontinence of Urine. Inflammation of the Bladder. Diseases of the Nervous System. Inflammation of the Brain. Spinal Meningitis. Epilepsy. Convulsions. Hydrophobia. Delirium Tremens. Neuralgia. Hypochondriasis. Headache.

**PART VI.—Notes on Nursing.**—Ventilation and Warming. Health of Houses. Petty Management. Noise. Variety. Taking Food. What Food. Bed and Bedding. Light. Cleanliness of Rooms and Walls. Chattering Hopes and Advice. Personal Cleanliness. Observation of the Sick. Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation. Pelvis. Menstruation. Conception. Prevention of Conception. Procreation of Male and Female Children at Will. Signs of Pregnancy. Diseases of Pregnancy. Abortion. Labor. Mechanism of Natural Labor. Management of Labor. Difficult Labor. Prematural Labor. Complicated Labor. Chloroform in Labor. Puerperal Fever. Phlegmasia Dolens.

**PART II.—Diseases of Women.**—Amenorrhœa. Dysmenorrhœa. Menorrhœgia. Leucorrhœa. An Examination. Chlorosis. Hysteria. Chorea. Inflammation of the Ovaries. Ovarian Dropsy. Cancer of the Uterus. Displacement of the Uterus. Prolapsed Uteri. Anteversion of the Uterus. Retroversion of the Uterus. Polypus of the Uterus. Diseases of the Breasts. Care of the Breasts while Nursing. Ague in the Breasts. Inflammation of the Breasts. Tumors of the Breast. Cancer of the Breast.

**PART III.—Care and Management of Children.** The Infant before and immediately after Birth. Food of Children. Sleep. Clothing. Washing and Dressing. Ventilation. Exercise. Special Diseases of the Child. Fever. Affections of the Respiratory Apparatus. Diseases of the Digestive Organs. Affections of the Skin. Eczema. Erythema. Erysipelas. Deformities and Distortions during Childhood. The Infant's Opiate. Moral Government. Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
 CORNER OF COURT AND PLUM STREETS,  
 CINCINNATI, OHIO,

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medicinal Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, &c., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**

AND

**Manufacturing Chemist,**

**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**

**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow.**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Speciality.**

**DO YOU WANT  
A VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

**THEN BUY  
King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

**Address**

**JOHN M. SCUDDER,**

**Cincinnati, Ohio.**

---

**ROBERT CLARKE & CO.,  
Publishers, Booksellers, Stationers  
AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

**ELECTRO SILVER SMITHS,**

**54 Fountain Square, Cincinnati, O.**

---

**T H E**

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO.'S

## Pure Concentrated Medicines,

### CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 oss., 8 oss., and 1 lb.

#### VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides,.....\$1.60  
 1 Crust..... 3.00  
 Sent by mail on receipt of price.

#### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. KARR, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1759.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease with especial reference  
to the Administration of Remedies.*

BY JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
 Price \$2.50.      Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

## **I. M. AUTENRIETH,**

Formerly 18 years with M. WOCHER,  
SUCCESSOR TO W. Z. REES,

**71 West Sixth St.,**

Walnut and Vine, **CINCINNATI.**

*Manufacturer of*

## **Surgical and Orthopaedical INSTRUMENTS,**

Aminal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
k and Rubber Syringes, Stomach Pumps,  
Bags, Medicine Cases, etc.

**STOCKINGS FOR VARICOSE VEINS.**

Full attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

## **L. WOCHER & SON,**

MANUFACTURERS OF

## **Medical, Dental & Orthopaedical INSTRUMENTS.**

Calling the attention of physicians to our  
extensive and most complete assortment  
of instruments, we beg to state that we shall  
be, with increased facilities, to add to  
anything new and desirable which is  
recommended by authorities here and abroad,  
to all demands of the medical profession.  
All of our goods are kept strictly uniform  
in those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
respect.

### **SPECIALTIES-**

Instruments of every description.  
Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
for all other deformities, made to order,  
with all the latest improvements.

Ortho-Medical Apparatus of various kinds,  
for physicians' office use.

We have a large variety of the most improved  
aminal supporters, either elastic or with  
springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### **AGENTS FOR**

Wheeler's Electro-Magnetic and Galvanic  
Batteries.

Wheeler's Uterine Supporters.

Wheeler & Shurtleff's Atomizers.

Wheeler & Kidders, Magneto-Electric Machine.

Improved Splints, which we sell either in  
full sets or by single pieces.

All above goods our price is the same as  
of the manufacturers.

**66 WEST SIXTH STREET,**

**CINCINNATI.**

Medical College Building.



## **A. JACKSON HOWE, M. D.**

**OFFICE, N. E. COR. FOURTH & MAIN.**

**CINCINNATI, OHIO.**

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

## **JOHN KING, M. D.**

**OCULIST AND AURIST**

**138 Ninth Street. Cincinnati.**

Office Hours from 9 A. M. to 2 P. M.

Dr. King devotes his attention wholly to  
**DISEASES OF THE EYE AND EAR,** and  
all Chronic Diseases, as well as those peculiar  
to Females.

## **WM. H. DAVIS, M. D.**

**Springfield, Illinois,**

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

## **DR. J. M. SCUDDER,**

**228 COURT ST.**

## **EDWIN FREEMAN, M. D.**

**Office, corner Eighth and John sts.**

**CINCINNATI.**

Special attention given to treatment of fis-  
tulae, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

## **PROF. Z. FREEMAN, M. D.**

**OFFICE, 280 WEST SIXTH STREET**

**CINCINNATI.**

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

**SIXTH EDITION JUST ISSUED.**

# **SPECIFIC MEDICATION**

**AND**

# **SPECIFIC MEDICINES.**

**REVISED,**

**WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.**

**AND A**

***Report of Cases Illustrating Specific Medication.***

**BY**

**JOHN M. SCUDDER, M. D.,**

**PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.**

**SIXTH ENLARGED EDITION.**

---

**CINCINNATI:**

**WILSTACH, BALDWIN & CO., PRINTERS.**

**1873.**

**LITTLE BUT GOOD.**

**WARRANTED NOT TO RUN OFF AT THE BOWTIE.**

**SENT BY MAIL FOR \$2.50.**

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been introduced.

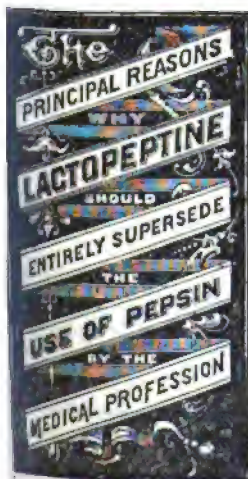
ration of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Lactopeptin acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



### FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Veg. Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 A. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 A. "
Powder and Mix.			

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.



- 1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 gra. of Pepsin and 4 gra. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

---

*All the statements made in this Circular are the result of repeated and careful experiments.*

---

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

---

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

---

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SIX HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—oo—  
The undersigned, having tested REED & CARRICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

—oo—  
INEBRIATE ASYLUM, NEW YORK, March 26th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

—oo—  
BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children  
Vermont Med. College.

—oo—  
EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

---

*A large proportion of diseases are the result of imperfect digestion.*

---

---

*in all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often afflicted by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that it has produced a remedy which is capable of fulfilling an important indication in a larger variety of diseases than any medicine I have met with in a practice of over twenty years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several prescriptions which shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was at last able to see a child three years old, that was almost in the last struggles of life with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALE CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been ailing over 30 years. She reported relief after the first dose, and now, after using the medicine of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*one drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

---

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in case of a lady who had been suffering with dyspepsia for over twelve months, and had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

SMOKE, M. D.

—oo—

INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *extremo morbo*. The third day after taking the **LACTOPEPTINE** she was able to be up. She was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels, relieved the inflammation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with indigestion, loss of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—

MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

---

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calaisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—OO—  
ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D. OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was sent in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases upon hand, in which various medicines and remedies had been used without success, readily consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to commend it to the consideration of the profession, feeling confident that, with due care their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carlic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant

---

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

---

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, and Troches.

*LACTOPEPTINE is also combined with the following preparations :*

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Asthma, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

—OO—  

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 gra. Lactopeptine and 16 gra. Phosphate of Lime.

—OO—  

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

---

*REED & CARRICK manufacture a full line of Fluid Extracts.*

---

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—  
**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—  
**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—  
**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—  
**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—  
**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	ss dr. iii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iii.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth, Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*All our goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the urorysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

### 3. 3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. fl. vi.
	Fl. Ex. Cinchona Com., . . . . .	—
	Tinc. Nux. Vomica, . . . . .	ss dr. xi.
	Spts. Lavender Comp., . . . . .	oz. ss.
	Hydrocyanic Acid Dilut., . . . . .	dr. ss.
	Syr. Aromatic Rhubarb, . . . . .	oz. ss.
	Sulphate Quinine, . . . . .	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at *all* time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, after immediately before or after eating, in accordance with the rule or foregoing instruction.

### 3. 4.—FOR CHRONIC DIARRHŒA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Liq. Opii. Comp. (Squibbs'), . . . . .	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut., . . . . .	dr. i.
	Syr. Aromatic Rhubarb, . . . . .	dr. ii.
	Pulv. Nit. Bismuth, . . . . .	dr. ss.
	Aqua Camph., . . . . .	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, *all* time, even if the diarrhœa is apparently checked at that hour, and *this* rule, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

## PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

## COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 gra.
Liquorice,	1 dr.
Ginger,	3 gra.
Coriander,	5 "

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*All our goods are of guaranteed strength and uniformity.*

### Strychnia Compound Pill.

Strychnia, - - - 1-100 grain.  
Phosphorus, - - - 1-100 "  
Ex. Cannabis Indica, 1-16 "  
Ginseng, - - - 1 "  
Carb. Iron, - - - 1 "

*Dose*—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

### Hæma, Quinia and Iron Pill.

Ext. Blood, - - - - 2 grains  
Quinine Sulph., - - - 1 grain.  
Sesqui Oxide Iron, - - 1 "

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

## HEMA PILLS.

We beg to present to the Medical Profession for their special consideration several preparations of Blood Pills. The use of Blood medicinally, and the importance its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Pauum, of the University of Copenhagen, who using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anæmia and other ailments, who are daily drinking the blood of the ox, and many with no benefit than they have derived from any other source.

The blood used by us being *Arterialised Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HEMA (Ext. Blood), 4 gra.

*Dose*.—Two to four

90 cts. per hundred.

### HEMA COMP.

Ext. Blood, 2 gra.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

*Dose*.—One to three.

\$1.50 per hundred.

### HEMA, QUINIA, IRON and STRYCHNIA.

Ext. Blood, 2 gra.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

*Dose*.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT**

**BY MAIL.**

### Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARRICK, Manufacturing Pharmacists,**  
**198 FULTON STREET, NEW YORK.**

# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

MANUFACTURERS OF

Fluid and Solid Extracts, Sugar-coated Pills,  
 Elixirs, Wines and Syrups, Aqua Ammoniae,  
 Pure Concentrations, Spts. Nitre Dulc.  
 Gran'ted Effervescing Salts, Pure Powd'd Drugs  
 Chem. Pure Chloroform, Chemicals, &c.

We call special attention to the following articles lately added  
 to our list:

Fluid Extract Jaborandi.  
 Fluid Extract Damiana.  
 Fluid Extract Guarana.  
 Fluid Extract Eucalyptus Globulus.  
 Fluid Extract Grindelia Robusta.  
 Fluid Extract Bearsfoot.  
 Fluid Extract Calendula.  
 Fluid Extract Chestnut Leaves.  
 Fluid Extract Cotton Root Bark, (from the fresh root.)  
 Fluid Extract Gelseminum, (from the fresh root.)  
 Pills of Picrate Ammonium, (sugar coated.)  
 Brundage's Anti-Constipation Pills, (sugar coated.)

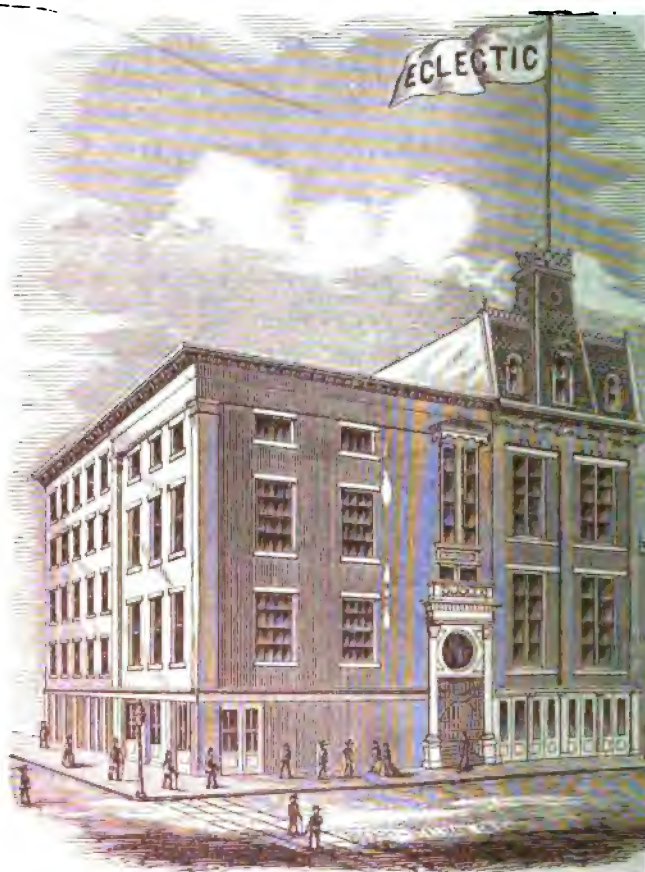
Send for dose, descriptive list and circulars, which will be for-  
 warded on application.

Physicians who desire our preparations will please specify P. D.  
 Co. on their prescriptions.

Our list of manufactures can be obtained of the following whole-  
 sale Druggists, at manufacturers' rates:

### DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	-	-	-	-	-	Cincinnati.
Kenyon, Potter & Co.	-	-	-	-	-	Syracuse, N. Y.
George A. Kelly & Co.	-	-	-	-	-	Pittsburg, Pa.
Benton, Myers & Canfield,	-	-	-	-	-	Cleveland, O.
George M. Dixon,	-	-	-	-	-	Dayton, O.
A. Feiler & Co.	-	-	-	-	-	Louisville, Ky.
Morrison, Plummer & Co.	-	-	-	-	-	Chicago, Ill.
Colburn, Birks & Co.	-	-	-	-	-	Peoria, Ill.
George A. Eddy,	-	-	-	-	-	Leavenworth, Kan.
Godbe, Pitts & Co.	-	-	-	-	-	Salt Lake City, Utah.
Reed, Williams & Co.	-	-	-	-	-	Toledo, O.
Farrand, Williams & Co.	-	-	-	-	-	Detroit, Mich.
Swift & Dodds,	-	-	-	-	-	Detroit, Mich.
Browning & Sloan,	-	-	-	-	-	Indianapolis.
Wheelock, Finlay & Co.,	-	-	-	-	-	New Orleans.
Strong, Cobb & Co.,	-	-	-	-	-	Cleveland O.
J. W. Wood & Co.,	-	-	-	-	-	Kansas City, Mo.
J. Durbin,	-	-	-	-	-	Denver, Col.
Evans, Mercer & Co.,	-	-	-	-	-	Montreal, Q.



# Eclectic Medical Institute

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 24, 1876. Preliminary Lectures from Sept. 1st to Oct. 1st.  
Spring Session Commencing February 1st, 1877.

For Annual Announcement, or other information, address

DR. J. M. SCUDDE,  
Cincinnati.

312

Price \$2 per Annum.

Single Copies 25 cts.

THE

# Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

ol. xxxvi.

Cincinnati, September, 1876.

No. 9.

## TABLE OF CONTENTS.

### Original Communications.

RT. LXXV.—Diseases of Children. By J. S. Watts, M. D.....	393
RT. LXXVI.—Obstetrical Observations. By Jas. Langdon, M. D.....	395
RT. LXXVII.—Anchylolosis of the Jaw By Henry Patterson, M. D.....	399
RT. LXXVIII.—Diseases from soap. By J. U. Lloyd.....	400
RT. LXXIX.—Bones—their Physiology and Pathology. By Prof. J. A. Jeancon.....	402
RT. LXXX.—An open Letter from Michigan.....	404
RT. LXXXI.—Exsection of the Upper Jaw. By A. J. Howe, M. D.....	405
RT. LXXXII.—The National Eclectic Medical Association.....	409
RT. LXXXIII.—Letters from Prof. Scudder.....	413

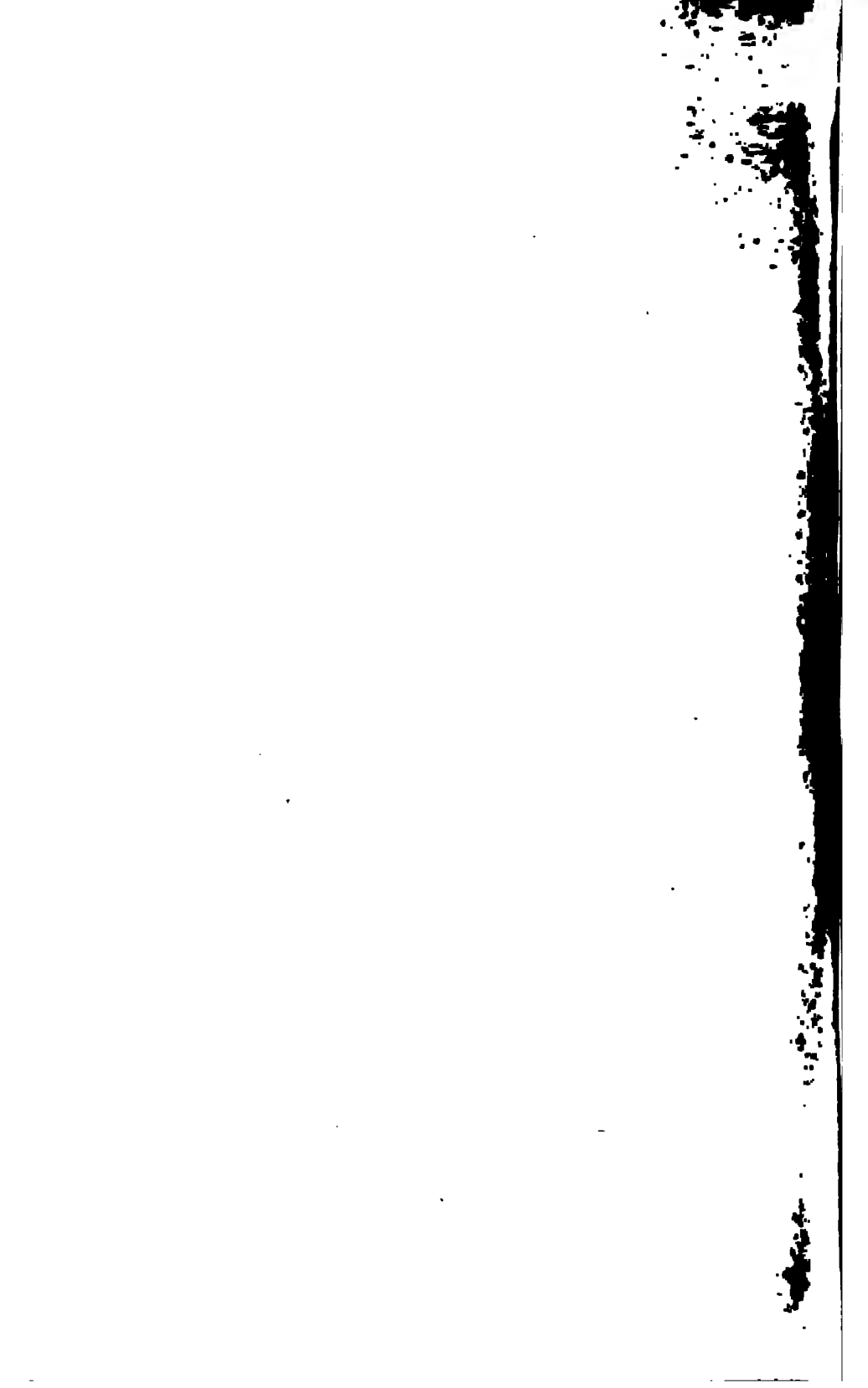
ART. LXXXIV.—Clinical Notes. By W. M. Ingalls, M. D.....	418
ART. LXXXV.—Asclepias. By O.G.Lloyd.....	419

### Periscope.

Ovariectomy.....	420
An automatic method of opening the Eustachian tube and airing the Tympanum.....	422
Torsion of Arteries.....	424

### Editorial.

A Revolution.....	426
Diagnosis and Therapeutics.....	429
"Manly Vigor".....	431
Is Leprosy Contagious.....	432
Book Notices.....	434





REMOVAL.—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

**WM. R. WARNER & CO.**

**Manufacturing Chemists,**

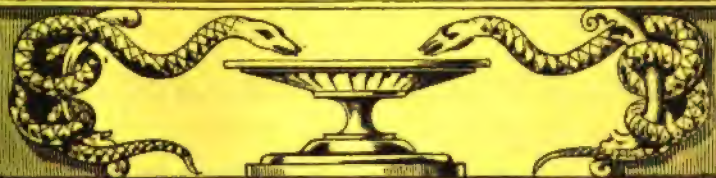
1228 MARKET STREET,

PHILADELPHIA.

MANUFACTURERS OF

Reliable Sugar-Coated Pills,  
Standard Fluid Extracts, Elixirs,  
Wines, Syrups, New Remedies and  
all Official Preparations.

SEND FOR PRICE-LIST.



\*\*\*\*\* Sugar Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.*

# WARNER & CO'S Phosphorus Pills.

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

**Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.**

*The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.*

*This method of preparing Phosphorus has been discovered and brought to perfection by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.*

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.**

	Price
Pil Phosphori, 1-100 gr. in each,	- - - - -
Pil Phosphori, 1-50 " " "	- - - - -
Pil Phosphori, 1-25 " " "	- - - - -
Pil Phosphori Comp.,	- - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomica, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Nucis Vomicae,	- - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom.	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Quinia,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom. et Quinia,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	- - - - -
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	- - - - -

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER & CO.**

Manufacturing Chemists,

No. 1228 Market St., Philadelphia



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

*For Official and other*

## Sugar Coated Pills.



TO PHYSICIANS.

The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.

The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.

Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.

*Our pills are kept by Druggists throughout the country, they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

Yours. Respectfully

William R. Warner & Co.

PHILADELPHIA.

**Special Recipes made to Order for 3000 or more Pills.**

# WARNER & CO.'S SUGAR-COATED PILLS.

---

[Extract from a letter.]

"MESSRS. WM. R. WARNER & CO.

"MONTREAL, Dec. 2d, 1872.

Gentlemen:

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,  
*Professor Mat. Med. University of Bishops College,  
Lecturer on Chemistry, Botany and Mat. Med.  
in the Quebec College of Pharmacy, etc., etc.*

---

## SUGAR-COATED QUININE PILLS

*From the St. Louis Medical and Surgical Journal,  
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced. Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.

T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

SEPTEMBER, 1876.

No. 9.

---

## ORIGINAL COMMUNICATIONS.

*Art. LXXV.—Diseases of Children.* By J. S. WATTS, M. D., Xenia, Ohio.\*

Few physicians ever treat the diseases of childhood exclusively; yet, to a large extent, the diseases of children require special study. In the study of medicine in general, morbid phases are mostly noted as they occur in adults, and too little consideration is given to the modifying influences of immature life. In the diseases of childhood there is a special semiology, therefore a modified pathology. An infant can not make known its ills, consequently its features must be studied with care and patience, and its signs interpreted with great discrimination. Childhood is an undeveloped and incomplete state of existence. During the first year of life the infant, as a rule, draws its nutritious supplies from the mother, and in this respect the child is but little advanced from the foetal state. Several important organs have not been developed, and several are passing into decline by a retrograde metamorphosis. And the formative metamorphosis is much more active than ever afterwards.

After the first year new spheres of existence come gradually into play. The intellect is budding and putting forth, and the vital activities keep the creature in constant motion during waking hours. When disease invades the young organism, its action is correspondingly active, therefore its course is speedy whether it eventuates in health or death. Whatever is done to avert a fatal issue must be done quickly. The brain is so impressible, excitable, and irritable, that morbid stimulation leads to convulsion, while in adult life no such complication need be expected. What are called the vegetative or nutritive functions hold a preponderance in young life, hence the importance of keeping the digestive and assimilative processes in an active state. It requires more skill to manage the diet of a child than it does that of an adult; and if the nutritive processes be

---

\* Read before the Ohio State Eclectic Medical Association.

perversed for a considerable time, the bodily waste is fearful. It is astonishing to what a skeleton state cholera infantum will bring a child; yet this extreme degree of emaciation is quickly recovered from when the digestive part of the animal machine is set in motion.

Infantile life begins at birth, and reaches to the end of the first dentition—it is similar to the gestative just passed, and it embraces the most dangerous period of human existence. More children die at this age than at any other. A second division of childhood begins at the end of the first dentition, and extends to the time the permanent teeth are coming into place, or to about the seventh year. This is fraught with danger from several sources, yet its course runs smoother than the first, and it is less susceptible to disease. However, inflammatory action, when once developed, invades the organism rapidly, and attains a high grade. It is a period threatened with croup, and disorders of the brain and intestinal canal, etc. One-sixth of mankind die during this period—a *per cent.*, when added to that fearfully fatal period just passed, and the lesser destructive which is to come, that shows one-half of the human race die before attaining the fourteenth year of age.

The third period, which extends from the seventh to the fourteenth years of life, is the most healthy and least fatal period yet attained, though the development of the sexual system during the latter part of this period, is attended with physical and mental disturbances sometimes of a serious character.

As before stated, the diagnosis of children's diseases is not always easy; we are deprived of the aid of language and reason on the part of the patient to direct us. We have to rely upon appearances and physical conditions—the temperature of the skin, the breathing, the relative time occupied in inspiration and expiration, odor of the breath, the character of the evacuations, the nervous exhibit during sleep, jactitation of the body, etc. The mother or nurse has to be questioned, and the information obtained will depend much upon the manner the examination is conducted. A physician is apt to put what a lawyer would call "leading questions," and they bring out good answers, though the intelligence of the witness is to be taken into consideration.

The therapeutics employed in the management of children's diseases are not essentially different from those used in the treatment of adults, yet more nice discrimination is needed in the application of a remedy. A child weighing twenty pounds will not bear one-sixth the opium which may be safely administered to an adult weighing one hundred and twenty pounds; and in dealing out all remedies, experience has taught the impressive lesson that it is easier to err in giving too much than too little. Homœopathy here has taught us a very important lesson, and we are liberal enough to make the acknowledgment.

To take up and give a detailed account of all the diseases peculiar to children, and the special remedies for each particular case, would require more time and patience than could reasonably be expected upon an occasion of this kind. I will, however, refer to a few of the most frequent occurrence, omitting their pathogenesis and diagnosis, in order that I may devote more time and attention to therapeutics.

*Dentition* is rarely carried on without such a disturbance of the organism that the function is looked upon as more pathological than physiological. A swelling of the gums, which denotes the *budding* of the teeth, commences about the fifth month. There is a lively action in the alveolar ridges, yet little is perceptible externally. The coming tooth crowds in all directions, and thereby irritates the nerves pressed upon, to an extent that the cerebro-spinal axis and the sympathetic system are thrown into a distressed state, and not unfrequently into convulsive paroxysms. The digestive system is so disturbed that nausea, vomiting, diarrhoea, dysentery, and other intestinal disorders follow. But it is not safe to give opiates and astringents to check these fluxes; they are often safety-valves to the pent-up pressure within. To stop them would endanger the integrity of the brain. How many lives have been lost by the imprudent administration of soothing syrups, paregoric, Bateman's drops, Godfrey's cordial, etc. This is wrong and murderous, for if a case is let alone no doubt it will get along all right. When called to such cases I find the safe way is to treat urgent symptoms as they may occur, giving aconite, belladonna, bismuth or rhubarb, in doses to meet the demands of the case. But if I am not consulted until the case has assumed a chronic form, known by enlarged bowels, dry, hot skin, sour breath, etc., I give neutralizing cordial in doses sufficiently large to influence the bowels, then give special attention to nutrition; and if the child is nursing we should look after the mother's condition, and if her digestion be bad, give her treatment, regulate her health, when it will be much easier to cure the child. To do this, bitter tonics and sacch. pepsine for the mother, and pepsine should be given the child every time it takes food, in sufficient quantity to make a perfect solution of the casein, and the result will be marvelous. But should the child be fed by the bottle, the addition of pepsine to cow's milk is essential, and requires to be put in the milk in quantity sufficient to regulate the digestion: the amount is from one-half to one drachm, and more if necessary, to a pint of food. It will be found by this course that your patient will soon be all right; and it is good practice to place the above-named agencies in the hands of the mother, with such instructions as are necessary to their proper use, and they will supplant all the nostrum practice, and very materially lessen the mortality of children.

*Cholera Infantum* is another form of disease, and prevails most in hot weather, and is attended with considerable fatality. When called to treat this malady, as a rule it admits of no delay, especially if the attack is violent. Commence by giving ipecac, in doses sufficiently large to control the vomiting and retching; then give the neutralizing cordial, camphor water, and bismuth combined with pepsine. Establish as soon as possible the nutritive functions. There are a number of other diseases that it would be interesting to discuss, but time will not permit.

---

*Art. LXXVI.—Obstetrical Observations.* By JAS. LANGDON, M. D.

Most doctors aspire to an obstetrical reputation, therefore it is well to consider what are some of the leading qualities of a successful obstetrician. In the first place, it requires some age, for a large obstetrical practice is

rarely obtained by a man under thirty-five or forty, though there is no valid reason why a younger man might not be sufficiently experienced and accomplished to manage a difficult case of labor. The worst managers of lying-in women are those conceited old fools who, if they ever knew anything, have forgotten it; and who rely for patronage, as stock in trade, upon wrinkles and grey hairs. Such are dangerous accoucheurs, though the women are not often smart enough to find out the weakness of senility.

Ambitious young men who possess talents and industry are, on the whole, the best obstetricians. They are so anxious to please, and so afraid of an accident, that they are attentive, vigilant, and brave. The last quality is often valuable in a lying-in room. When through the length of labor and the exhaustion of the parturient woman, all is doubtful and desponding, true courage on the part of the accoucheur is a valuable possession. His face betrays no faltering feature, and his general demeanor is that of a man who is master of the situation. The poor laboring woman beholds that unruffled countenance and becomes brave and hopeful; and these mental re-enforcements impart strength to the body, and her throes are more efficient. Who says that bravery is not a valuable possession in the lying-in room?

He who would advance his position as an accoucheur must obey every summons promptly. Although it often occurs that a woman sends for the obstetrician too early, it is never best to act upon her mistake as a rule, for occasionally it happens that the labor is rapid, and she puts off her message until the physician, although he exert himself to his utmost, is unable to arrive in season. It is better to be present ten times too soon than once too late. Besides it often occurs that the medical man can ascertain at once that his services will not be wanted for hours, and he can then get excused, though with the understanding that he can be readily found, and that he will return, whether summoned or not, in so many hours or minutes, the time being promptly kept. I will relate a case to illustrate the point. In 1866, I was engaged to attend a well-to-do woman; and at about the time the event was expected the summons came. I repaired to the house at once, and found the labor in its earliest stages. In a half hour from that time I had an appointment with a brother physician two miles away. I excused myself, by explaining the nature and importance of the consultation, and left, promising to be back in less than two hours, which was my intention; but the physician did not keep his time, therefore to accommodate him as well as the family, I delayed until I could not reach the bed-side of the obstetric woman until more than two hours had passed,—until the baby was born. I shall never forget the withering flash of that spirited woman's countenance. "Leave this room," she said, "and never enter this house again. You failed to keep your word,—you have forfeited my respect for you." I tried to explain by saying that the other doctor failed to meet me on time; but she promptly replied, "need you break *your* engagement because another man did his?" Well, I concluded to leave, and was never re-called to that family. The lesson was severe, but it made a better obstetrician of me. Indeed, it awakened in me the importance of keeping other engagements, whether obstetric or otherwise.

If a young man would increase his midwifery business, let him be presentable so far as his clothing is concerned, but above all things let him be cleanly in all his habits. He is to study to make himself acceptable to the "better classes," and then he can easily accommodate himself to all. While he is to maintain a cheerful conversation "between pains," he is not to indulge in slang, jests, and topics unfit for the occasion: He is to aim to impress the world that he is a superior man in every respect.

The accoucheur is to learn by inquiries whether the lying-in woman has had an evacuation of the bowels recently, and if the bladder has been emptied. While these matters may be left to professional nurses, they must not be trusted to neighboring women who happen in and out during the course of the labor. The bladder must be empty, or nearly so, to facilitate the passage of the child's head, and to obviate a urinary fistula. In cases of doubt, it is well to ascertain early whether pregnancy exists or not. This may seem a superfluous or foolish remark, yet the very best obstetricians have been deceived in regard to this matter.

The obstetrician of limited experience may be led to think that it does not make much difference what position the parturient woman takes while she is in labor; but I can assure him that the traditional and generally accepted plan is altogether the best. A parturient woman should lie upon her left side with her back near the right side of the bed. Although this position can not be perfectly maintained when the "pains" are severe, yet it is to be returned to as soon as practicable. The part of the bed where the woman lies, is to be protected with oil cloth or a folded blanket that is not worth much. The blood and other fluids that pass from the woman during delivery, may be abundant enough to soil a large amount of valuable bedding. It is the nurse's duty to look after such matters, yet the accoucheur is to know that all these things are properly executed.

During the progress of protracted labors the obstetrician should see that the woman is occasionally refreshed with draughts of cold or warm tea, and with hot gruel. The vital powers are being drawn upon, like a "run" on a bank, and provision must be made to help stay the waste. The woman who dies exhausted at the end of a two or three day's labor, might have been saved if properly nourished and cared for in every conservative respect. The aphorism is true that "the last straw breaks the camel's back."

If the obstetrician would keep his mental and bodily powers in the very best working condition during tedious labors, he must be recreated and refreshed. He should steal naps every good chance he has, and call for tea, and such nutrients as will keep him in a good condition for thought and work. His is no easy task to perform; and he should fortify himself accordingly. However, he is to indulge in no wine, beer, or other intoxicating drink, to brace up his flagging vitality. A doctor who drinks ever so moderately, will never acquire and maintain a large and lucrative practice; and if he ever drinks to the verge of intoxication, he is unfit to be trusted in any responsible position.

During a labor which lasts twenty hours, the accoucheur may make a digital examination every three or four hours during the first half of the period, and every hour or two, till near the end of the labor, when there

is no rule to be followed. If there be anything to be accomplished, such as assisting the child's head in its turnings, or in correcting an abnormal position of the uterus, the finger may be used during every pain. During the last few minutes of labor, the perineum is to be tested by sweeping the finger between the child's head and the stretching tissues: and those who have nothing else to do, or know of nothing else to be done, may "support the perineum." The procedure is easy, and to the unprofessional it may appear "scientific," but it is a harmless and successful performance. The tense or tort edge of the perineum sometimes gets caught on a ridge of the child's head, and needs dislodging or disengaging; and sometimes the crown of the child's head needs to be engineered beneath the pubic arch. This process is not easy to describe, but it consists chiefly in placing the fore-finger on the occiput of the infant's head, and pressing downward at the same time some force is employed in pulling forward. This manipulation also frees any folds of vagina, bladder and urethra that may have been dragged downwards, and pinched to a damaging extent. After the crown of the child's head is well protruded, the perineum, while a pain is on, may be gently pressed down over the forehead, when delivery occurs at once. There is some sense in thus manipulating the perineum, but none in holding it up with the open hand, as we are directed to do by those who advocate "supporting the perineum."

As soon as delivery of the child occurs, and the cord is tied and cut, the accoucheur is to follow the part of the cord which is left to the cavity of the uterus, where the fore-finger finds the location of the placenta, and proceeds to dislodge it. The left hand pulls on the out hanging cord while the fore-finger of the right hand is finding the placenta. Two or three twists of the cord are made to surround the middle finger, so as to make slight traction while the fore-finger is detaching the placenta from the uterus. Now, to facilitate this process and to make the uterus contract, the left hand is placed upon the hypogastrium of the woman, and is there made to press the womb downward, so the right hand fore-finger can work to advantage, and so the womb shall be forced to contract as the placenta leaves the cavity. These manipulations annoy the woman to some extent at a time she wants to rest and be let alone; yet more can be accomplished in two minutes at this time than in ten minutes a half hour later. As soon as the placenta is delivered and the womb contracted, all dangers are over, unless puerperal eclampsia come on, which is not to be expected.

But one paragraph more, and I am done for this time. While the os uteri is dilating it is not judicious to lacerate the "membranes," unless the labor is extremely tedious; but the amniotic fluids are so be retained, as a wedging means to dilate the os. As soon as the dilatation will admit the crown of the child's head to protrude the membranes may be ruptured with the finger-nail, and then the labor proceeds rapidly. When the amniotic waters escape too soon, there is a loss of time; and they should not be retained unreasonably long, as they might be in some instances.

**Art. LXXVII.—*Anchyllosis of the Under Jaw.*** By HENRY PATTERSON, M. D., Ladoga, Ind.

Ten or fifteen years ago my professional attention was directed to a little girl, three or four years old, which had deep and extensive ulceration of the inside of the cheek. The child was thin, scrofulous, and sickly appearing, and had a very foul breath. The patient was not mine, but she often came under my observation. I took an interest in the case because it was said that a "regular" physician had given her calomel until salivation came on, and ulceration set in. I had heard that terrible sloughing would follow mercurialization; but I had not before seen a case as bad as this. The little sufferer came near dying, but at last recovered, yet having the under-jaw so nearly ankylosed that she could not press a silver half dollar between the upper and lower teeth, consequently she could not take food in a course form. For a year or two she lived chiefly upon milk and soup. In fact she did so until I instituted measures to overcome a part of the undue contraction caused by cicatricial tissue incident to the healing process. The old doctor used a solution of nitrate of silver on the ulcerated surface to incite healing, yet the sores healed slowly; and I believed the wash tended to thicken the cicatrix, and to make it contract.

About this time I noticed Surgeon General Hammond's famous "order" No. 6, to banish calomel and tartarized antimony from the medical supplies of the army. There, I thought is an authorized acknowledgement that allopaths are unfit to administer the drugs in common use; and so I still believe. That year the Ohio State Medical Society met at Yellow Springs, and passed resolutions denouncing the course of Dr. Hammond. The words of the Society are as follows: "The Ohio State Medical Society has read with profound regret, Circular No. 6, of W. A. Hammond, M. D., Surgeon-General, U. S. A., in which he orders that calomel and tartar emetic shall be stricken from the supply-table of the army. The Society can not accept the statement made in the order, that innumerable cases of pytalism and mercurial gangrene have been observed in the army, as the result of the injudicious use of calomel. Therefore,

*Resolved*, that Dr. W. A. Hammond be requested to revoke Circular No. 6, and place calomel and tartar emetic again on the supply-table.

"The Circular is a virtual endorsement of the false charges which have been made against the scientific profession by the representatives of the various empirical systems of medicines." And thereon hangs the tale. The virtuous members of the Ohio State Medical Society did not care whether the army surgeons gave calomel and tartar emetic or not; but they could not bear to have the Surgeon-General of the United States endorse, officially too, the repeated statements of Thomsonians, Botanics, Reformers, and Eclectics. That was where the shoe pinched, hence the howls and growls on the part of the Ohio "regulars."

This has taken me from my case, but it seemed eminently proper to arraign "old school" authority for the presumption on my part that the girl referred to had suffered from the devitalizing influence of calomel. It is all very well to talk about *cancerum oris*, and other sloughing diseases

which may have done the damage, but I have no doubt that mercury was the real and only cause of the ulceration. And I think that if the army surgeons, who were generally the most intelligent of "scientific" doctors, needed a military order to keep them from administering calomel, the weaker brethren who stayed at home, need some kind of a stringent measure to restrain the mercurial abuse.

Well, with hickory levers, wedge-shaped at points, I gradually forced the jaws apart, and have succeeded thus far in keeping them so, yet there is still a disposition for the cicatricial tissue to contract. The woman, for she is such now, uses the levers every day for a few minutes. She does this to keep the mouth so she can eat like other people. She is able to maintain just one inch between the upper and lower incisors, which seems to be enough for all practical purposes. The anchylosis is overcome; that is, the under jaw moves freely through the segment of a circle represented by the arc of an inch at the front teeth.

At one time there was a project to sue the "scientific regular" for malpractice in the case, but no suit was ever begun. It was understood that if he had been sued, he was going to swear that he never gave the child a particle of calomel or of any other preparation of mercury! If the family had retained some of the many "white powders" the doctor dealt out of his pill-bags, they might have been able to prove whether they contained calomel or not.

If Eclecticism has not accomplished all that could be desired, it has driven calomel out of popular practice, and compelled our "scientific" brethren to seek some other "liver persuader." From the amount of podophyllin annually made, and the small quantity employed by Eclectics, it is quite reasonable to suppose that the "regulars" have stolen the famous cholagogue. If they have, I have nothing to say, for I find little use for such acrid and irritating agents. If physicians would doctor the stomach more and the liver less, they would take a step in the right direction.

As soon as a man is much sick his digestion is disturbed. In most ailments the person is sick because digestion is not good. Clean out the stomach with a warm water emetic; then put into it mineral acids, bitter tonics, and easily digested food. As soon as the gastric functions are restored, and delicious nutrients are supplied, the patient mends: but keep disturbing the stomach with jalap, podophyllin, lobelia, ipecac, and other nauseating messes, and the patient will remain sick. As a general thing, if the patient be allowed to get well, his recovery is certain if not speedy. Some doctors seem to keep their patients sick a long time just for the fees; but I have never had an inclination in that direction. My aim is to cure as soon as practicable, and then get another case. A physician should take pleasure in honest dealing,—he certainly can make such a course profitable.

---

**Art. LXXVIII.—Diseases from Soap.** By J. U. LLOYD, Cin., O.

Soap is used for cleansing, for removing impurities, for preventing disease and contagion, by its property of dissolving grease, and in this way allowing water to remove dirt and filth.

Soap is not a disinfectant; it will not destroy the odor which arises from

decaying animal and vegetable organisms. Neither is it an antiseptic, for it will not counteract putrefaction. Soap has no power to prevent decay, and it can not destroy the odor of foul gases; it acts simply as an auxiliary that will enable water to thoroughly cleanse the skin. Water is the real agent, soap only a help.

Soap is made from oil; oil is a chemical compound; as much so, as acetate of potassium. Oil is composed of a substance which takes the part of a base (known in commerce as glycerine) and a substance which acts by combining with the glycerine (like the acetic acid does when it unites with the potash to form acetate of potassium); this latter is oleic acid. Olive oil is oleate of glyceryl. When we add potash or soda to oil, we decompose it; the glycerine is set free and the oleic acid combines with the potash or soda; this produces oleate of potassium or oleate of sodium as we use one or the other alkali; either oleate of potassium or oleate of sodium is commonly known as soap.

Soft soap is oleate of potassium, hard soap is oleate of sodium. Our mothers understand this fact, for when they wish to make hard soap, they stir salt (chloride of sodium) into the kettle of grease. If they want soft soap, they use lye only. Lye is solution of potash.

We have seen what soap is; we all know what oil is. Oil is not soap-grease. Oh no! Generally in one corner of the smoke-house stands a barrel; into this barrel scraps of meat are thrown, bones, fat, lean, scrapings from the table and leavings from hog-killing time. This is country soap-grease, the kind that most of the readers of this Journal are accustomed to seeing. Twice a year the barrel is emptied, its contents are boiled in an iron kettle with lye. This makes common soft soap, the article that is used in the country for washing clothes, for scrubbing floors, &c., but not for washing faces and hands—oh no! it is too common; not for bathing the children—oh no! it is too strong, it makes the skin smart. For this purpose, we think we must use toilet soap, nice cakes, perfumed and scented, store soap, each cake costing more than a gallon of home-made soap. What is this soap made of? Soap-grease, of course. What is this soap-grease? Heaven only knows.

Go into our large cities and you will find what are known as rendering establishments. Here all kinds of refuse grease from the city are brought, and by certain processes the oil is separated from the solid tissue. Most of this solid portion goes to the soap-maker. When you get within a square or more of one of these establishments you will "smell him strong." Evidently, the oil is not first class olive oil; at least it is not considered so in this country until it is shipped to France and returned in an imported barrel; the barrel makes a wonderful difference.

Go out on some railroad five or ten miles from a large city; you will find what is politely termed a "stink factory." The expression is very weak compared with the reality; it will serve to convey the meaning, though. Why is it called a "stink factory?" Get upon the windward side from one to five miles away, and you will not ask the question. You will not be reminded of new-mown hay or white clover, let me assure you. Even if you can not see the factory, you can smell the stink, as it comes from the factory. Every horse that dies in that great city, finds a grave in

the large kettles within this factory; condemned flesh from the market, dead dogs and chickens from the streets and gutters are brought here and piled up; cattle, sheep and hogs that have died in the stock yards from disease are carted out through the burning sun and dumped into the horrible heap of decaying animal matter. Everything that dies (humanity excepted), and everything that is disgusting, comes here if it contains a drop of grease. The horns and hoofs are sold to be made into knife handles, combs, &c. Bones are ground up and used as fertilizing material. Carcasses and offal are boiled and steamed; lard oil, candle grease, and *soap-grease* are the result. Think of the disease and contagion that goes into those great vats, and realize that of such soap-grease, a large share of our fancy soaps are manufactured,—our nicely scented honey soap, glycerine soap, turtle-oil soap, &c.,—and you will not be surprised to learn that “diseases from soap” heads a very interesting article in a late number of the “Philadelphia Ledger.”

Will you remember until next month what I have said in regard to the kind of grease the soap manufacturers use? Will you impress upon your minds the fact that decaying animal matter generates the most deadly poisons? And that our toilet soaps, sweat-scented and highly colored, are largely made of animals in every stage of decomposition and putrefaction?

Will you call to mind the fact, that the human skin is very sensitive, that some poisons may even be taken into the stomach without deleterious effects and will poison the system when applied to the skin? That death has often resulted from a slight cut inflicted with a dissecting knife? That men have been known to die from abrasions made upon the skin while engaged in skinning cattle that have died from disease?

I will speak very likely, next month, upon this subject, and would like to have a note made of the points I have mentioned. The subject is a strong one; it is odorous and highly flavored. It is powerful enough to stand alone for one short month, and as I anticipate my readers have already had enough for this dose, I will give them a rest.

P. S. I don't mind it though, I live in a city and rather feel at home while engaged upon an article like this.

(To be continued.)

---

**Art. LXXIX.—Bones—their Physiology and Pathology.** By  
Prof. J. A. JEANCON, M. D.

The first instruction a student of medicine receives in osteology generally leaves any but a favorable impression upon his mind in regard to the bones as a subject of thought and attention. The dry, rattling, bloodless, fleshless matter appears more like stone than organized structure, and is not calculated to convey to the mind a comprehensive idea of the vast physiological significance of the skeleton in all its relations. Add to the lack of interest the seemingly meaningless descriptions of bones, in lines and planes,—often given in uncouth, pseudo-Greek nomenclature, and the unphilosophical manner of treating the subject of osteology, both by the text books and teachers, and it is no wonder the student looks upon the subject as unworthy of his consideration. If he happen to be of an irri-

table and blasphemous turn of mind, he may curse the whole topic of osteology.

Anything so devoid of interest is likely to be forgotten early, less being retained during a long professional life than of any part of human anatomy, unless the practitioner happen to be a surgeon, or to have his attention specially directed to diseases of the bones. But the more we become acquainted with pathological anatomy, and the closer we study clinical cases, the greater grows the interest we take in osteological observations, finding as we advance, that the osteology of the medical school is not altogether that which is encountered in practice. We find that the bones in a living body, whether healthy or sick, are different physiologically and pathologically from what we thought them to be as they were described by the teacher. They are not as we thought, "*long bones, with cavities in them, having at either end spongy portions, and invested by different sorts of tissues, serving as mere mechanical levers or simply supports to the weight of the body; nor are they merely "flat" bones, hard on the outside and spongy on the inside, for covering soft organs, or forming walls to shield viscera; nor are they passive and rigid, performing low mechanical functions; but, on the contrary, are highly organized structures, positively active, quite plastic, and partaking largely in progressive and retrogressive metamorphoses; and they perform functions of the highest physiological order. Indeed, a living bone is as much an active organ as a living liver. Furthermore, a healthy body can no more exist without healthy functions in the bones, than it could continue in a wholesome state without a healthy heart or lung. The bone's function is as important to the living body as the function of the cerebral hemispheres. But to study the bones for really practical purposes, we must endeavor to learn their histology, their physiology, their special and general pathology, and not merely their anatomical outlines.*

When a very thin plate of bone is magnified,—and *magnified it must be*, in order to recognize its finer structure which is invisible to the naked eye,—it presents a different appearance when cut longitudinally from what it does when cut the other way to the axis of the bone, though a transverse or a longitudinal section shows a net work of channels running more or less parallel to the bone's axis. These channels freely communicate with one another in every direction; and they send their outlets to the external surface and into the medullary cavity; and here they are freely supplied with blood from vessels coming from both directions, that is, from within and from without. The channels are called *Havusian* or *medullary canals*.

A transversely cut plate of bone shows these very same canals, yet in their transverse direction. They look, under the microscope, like roundish or oblong holes. Around these perforations the bone structure presents concentric layers or lamellæ. These lamellæ so surround the bone or canal as to produce the appearance of a transverse section of a log, when the pith is situated innermost, and the annual layers of wood surround it.

As every inch of bone has a very great number of such canals, it looks like a number of such concentric circles of osseous lamellæ have been

placed aside of one another, and pressed together by some agency acting from without as well as from within, and causing the otherwise circular groupings of lamellæ around a canal to become very irregular. Yet each one of these lamellar groups retains more or less its individuality, forming all sorts of little irregular serrations, as it were.

Another system of lamellæ, somewhat closer pushed together, invest their concentric circles, forming the corticular or bark-like layers upon the outside, and semicircular ones within. The outer one is in contact with the periosteum, and the inner one, with the medullary substance, forms part of it.

---

**Art. LXXX.—An Open Letter from Michigan.**

DR. JOHN M. SCUDDER—*Dear Sir:*—In the July No. of the Journal, you gave a notice of our meeting at Kalamazoo, for which we are thankful, but we think we deserve more than such a passing remark. We have organized the first Eclectic Association in the United States which requires a high order of professional standing as a prerequisite to membership; viz:

Section II, of Constitution: "The resident members of this Society shall be regular practitioners of medicine in the State of Michigan; and shall have the degree of Doctor of Medicine from a school or college legally empowered to confer such degree; and such other persons as have sustained reputable practice as physicians and surgeons for ten years, with previous study, and no others;—all of whom shall be elected by vote of a majority at any regular meeting of the Society, their eligibility being previously reported upon by the Board of Censors."

Now, that means a higher order of professional standing than is usually required in similar organizations, and it is on that account I presume to occupy a brief space in the Journal. The tendency of the day is for higher and higher qualifications on the part of physicians. Once a young man who fed a doctor's horse for a year or two, could practice medicine, and claim fellowship with the best in medical Societies, but that day has gone by. A higher standard was needed, and we, here in Michigan, resolved to take a step in advance; and we are not sorry we took it. And we advise other states to go and do likewise, or even do better. We do not assume to have arrived at perfection.

We adopted a course which is calculated to influence our Legislature in regard to the medical department of the State University at Ann Arbor, but as this is a home affair, and does not interest the great body of subscribers to the Eclectic Medical Journal, I will not mention committees and resolutions. But we are going to accomplish something, or "perish in the attempt."

Our President is Dr. V. A. Baker, of Adrian, and he means business every time. The next meeting will be held in Jackson, the last Wednesday of May, 1877.

Concerning the other "wing" of the Eclectics of Michigan, we have nothing to say;—if they wish to be heard they must speak for themselves. As you say, "The world is large enough for all." KALAMAZOO.

*Art. LXXXI.—Exsection of the Upper Jaw.* By A. J. HOWE,  
M. D., Cincinnati, Ohio.

Necrosis of the superior maxillary, tumors of the antrum, and cancerous growths in the upper jaw, call for removal of the bone, wholly or in part. Either of the diseases named is attended, in its development, by pain, swelling, and the usual phases of inflammation, together with considerable distortion of the features of the face. Necrosis usually begins in the alveolar process and extends upward until a great part of the bone is involved. The fragment of an old fang in its socket may be the provoking cause of the dying process in the bone. Considering the frequency of disordered and dead fangs, and the intimate connection of the roots of the teeth to the maxillary sockets, it is strange that necrosis of the jaws is not more prevalent than it really is. Those who work in phosphorus are exceedingly liable to caries of the jaw.

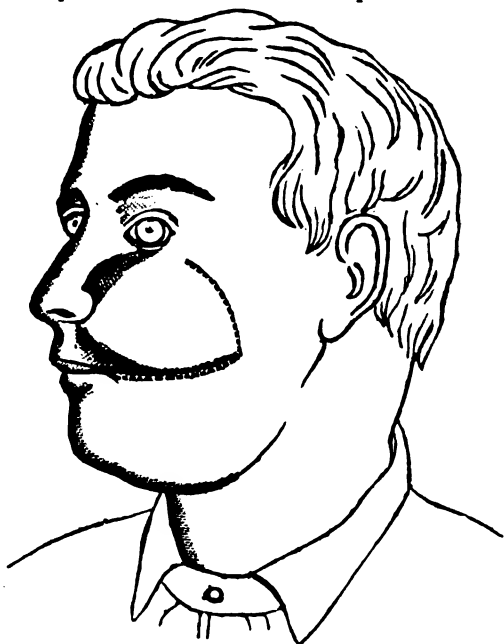
When the superior maxillary is becoming necrotic, there will be discharges of pus into the mouth and nose through sinuses, and the soft structures of the cheek will be red, tender, and swollen. In some instances the pain is excruciating. The general health of the patient is disturbed by the extent and gravity of the disease, so that it seems urgent that the disturbing cause be removed. If only the alveolar ridge be necrosed, the gouge-forceps may be used to cut away the dead bone, the knife having previously dissected away the soft covering.

Tumors of various kinds, including the malignant variety, are apt to develop from the living membrane of the antrum; and in their development they encroach upon the nasal cavity, and by pressing the orbital plate upwards, make the eye protrude. The cheeks below the eyes, when the disease is upon both sides, bulge upward and forward, giving a peculiar expression to the countenance that has been called "frog-face." If the disease be malignant, the cheek below the inner canthus of the eye is deeply shaded with a maroon color; and there is a free discharge of a serous, purulent, and sanguinolent fluid from the nose. The disorganizing force of sarcoma and carcinoma is competent to dissolve a great portion of the superior maxillary, leaving little for the surgeon to remove. The antrum fills with medullary matter, and further growth encroaches upon adjacent cavities. The ethmoid and sphenoid cells and sinuses get filled with cancerous matter, and the walls of these cavities break down under pressure and the dissolving processes.

When the disease of the antrum is cystic or polypoid, the morbid action may be restrained by the osseous walls, yet it often exhibits power enough to bend the parieties of the cavity, and thereby distort the features of the face. While the disease is confined to the maxillary antrum, it may not be suspected, though the pain indicates trouble of some kind in that region; and as soon as the thinner bones of the nasal cavity begin to yield, the functions of the nose are distorted. There will be tenderness of the tissues of the cheek, and of the roof of the mouth.

For the diseases named in connection with the superior maxillary and the antrum, the most radical means of temporary or permanent relief consist in the removal of the bone and such morbid matter as may be con-

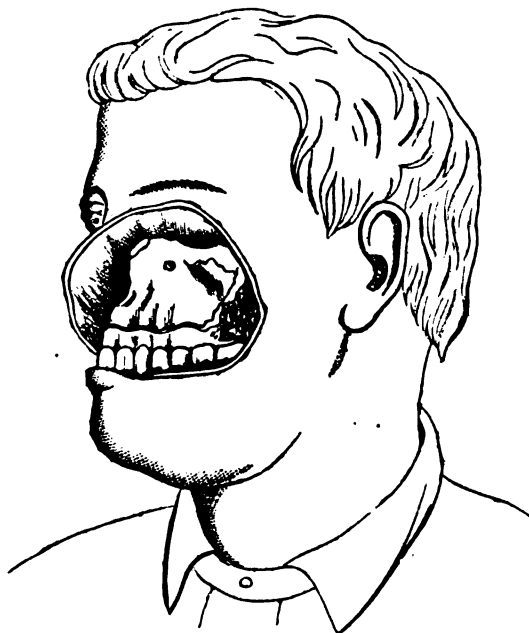
nected with it. The operation is somewhat formidable, yet when it is considered that in necrosis the bone is generally loosened at its junction with other bones, it will be seen that little more is needed than to pry the dead structure out of place after its surface is exposed by proper incisions and dissections. When the disease consists mainly in cystic, sarcomatous, and carcinomatous growths that begin in the antrum and at length distort the face, the exsection of the bone is often facilitated by the dissolving and disarticulating nature of the morbid action, consequently the removal is not so difficult as might be supposed on the part of those who have had no experience with the operation. It is to be borne in mind by the operator that each superior maxillary assists in the formation of three cavities—the roof of the mouth, the floor of the orbit, and the outer walls of the nose; that each superior maxillary bone articulates with its fellow in the median line from the alveolar ridge in front, to the palate bones in the back part of the mouth; and that the inferior rim of the orbit belongs to this bone, as well as a plate which as far as it extends constitutes a floor to the orbit. The superior maxillary bone has an *ascending* or *nasal* process which reaches the os frontis, also a *malar* process which is the termination of the zygomatic ridge. The bone is rarely diseased to its very extremities, therefore complete excision is not often required.



Dotted line shows course of incision to be made in order to expose superior maxillary bone.

The patient, under anæsthesia, should be sustained in a sitting posture, so that the blood will not run back into the throat, and, having coagulated, interfere with respiration. Everything being in readiness, the operator takes a scalpel, and beginning an incision in the corner of the mouth, cuts

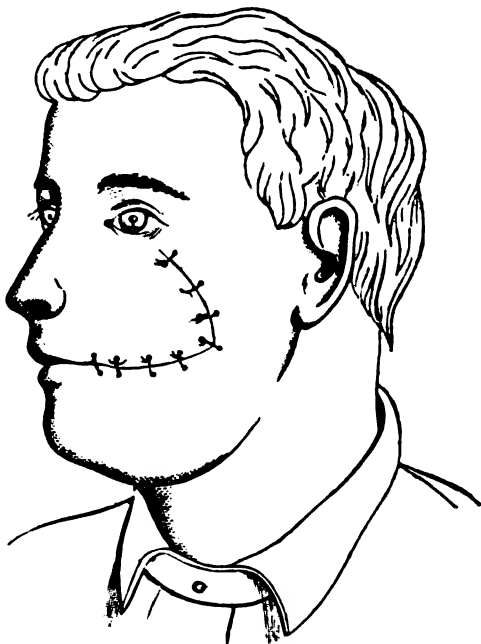
backwards and upwards to the prominence of the malar bone, and then upwards and inwards to a point corresponding with the middle of the lower orbital rim. The cut is a semicircular sweep, going clear through the cheek, into the mouth as far as it extends, and then to the bone until the incision is complete. The facial artery bleeds until it is pinched with forceps and twisted. The vessel will not require a ligature. After the bleeding vessels are controlled, the upper lip and flap are dissected upward until the superior maxillary is exposed as fully as practicable. With bone-cutting pliers the two superior maxillaries are separated in the median line, the division extending from the teeth through a considerable part of the septum between the mouth and nasal cavity on the side the operation is being performed. Gouge forceps may be used to cut away the connection with the malar bone, and to divide the nasal process, the ascending portion being left where it is, unless it be necrosed, and then it will easily come away after it has been divided. In most instances the



Flap of cheek turned up to expose the upper jaw.

orbital plate and rim can be left, as they are not apt to be diseased. The gouge or other strong forceps are then made to loosen the partially detached jaw, and an elevator or chisel is employed as a lever to pry the bone out of its place. If the antrum be filled with carcinomatous material it may be emptied with the finger after an opening is made into it with the gouge forceps. As soon as all diseased structures are removed and much care should be exercised in this part of the operation, the flap is to be turned down over the ghastly wound, and stitched in place with silver wire sutures. The cheek, having no bony support, falls in a little, yet not to a

deforming extent. The traumatic surfaces mostly drain into the mouth, and the fluids are then spit out. I have removed a large part of the superior maxillary bone in six instances, and have never yet been obliged to employ a ligature to arrest hemorrhage. The bleeding is occasionally quite profuse, yet never dangerous.



Flap of cheek returned and stitched in place.

When the antrum and nose are filled with sarcomatous or carcinomatous masses, it is pleasing to find how easily the finger empties these and adjacent cavities. Sometimes the cells of the ethmoid bone are filled with medullary matter, so that they have to be broken down and removed. The bony walls are so thin that the finger can sweep away cells, sinuses, and their cancerous contents. The operation, in carcinomatous cases, is followed by greatly improved symptoms. The pain ceases, breathing through the nose is re-established, and bodily strength is restored. But, as after most other operations for the removal of carcinomatous growths, the time will come within a year or two, when either a return of the disease to its original site, or its development in some other part of the body, will bring about a fatal termination. The operation, then, in cancerous cases, is palliative, and not designed to eventuate in a radical cure. Yet, when a victim to the dreadful disease is suffering the most harassing tortures, and an operation will promptly relieve and prolong life, there can be no question about the propriety of performing an operation which in itself is not dangerous to life, and which is not difficult to execute.

When the disease leading to removal of the superior maxillary is not malignant, the chances are that the relief will be radical. In one instance I

removed the entire bone, which had become necrosed: and the cure was substantial and permanent. The cheek was inclined to fall in afterwards; and to counteract this the patient used to stuff the chasm with a wad of lint. A dentist proposed to place a gold plate—an artificial jaw—beneath the cheek, but the patient objected on account of the cost.

**Art. LXXXII.—The National Eclectic Medical Association.**

The seventh annual meeting of the National Eclectic Medical Association, as reorganized in 1870, was held at Willard Hall in the city of Washington, D. C., beginning June 27th, 1876, and continuing three days.

At the appointed hour, 11. A. M., the Chair was taken by the President, Benj. J. Stow, M. D., of the city of Brooklyn; who, in the absence of the Secretary, designated W. Hope Davis, M. D., of Springfield, Ill., as Secretary *pro tempore*.

Prayer was offered by Dr. Lewis H. Borden, of New Jersey.

The address of welcome was then delivered by Dr. Robert S. Newton, of New York; following which, the President made the opening address to the Association and declared it ready to proceed with business.

The roll of officers was called by the Secretary. Present—Benj. J. Stow, President; R. W. Geddes, O. H. P. Shoemaker, A. B. Woodward, Vice Presidents; James Anton, Treasurer. Absent—Prof. Anson L. Clark, Recording Secretary; Prof. George C. Pitzer, Corresponding Secretary.

The Treasurer presented his annual report, of which the following is a summary:—

Balance from Dr. Stow, late Treasurer	-	-	-	-	-	\$ 35.04
Dues from members	-	-	-	-	-	161.00
Fees for certificates of membership	-	-	-	-	-	10.00
Total	-	-	-	-	-	\$206.04
Bills paid for printing, postage etc.	-	-	-	-	-	\$68.64
Remainder on hand	-	-	-	-	-	\$137.40
Arrears due from ninety-seven members for two years and under	-	-	-	-	-	\$ 404.00
Do. 115 other members	-	-	-	-	-	1317.00

The President announced the following committees:

*On Credentials*—Connecticut, S. B. Munn; Illinois, J. B. Denman; Iowa, O. H. P. Shoemaker; Massachusetts, H. D. West; Michigan, V. A. Baker; Missouri, J. A. Munk; New Jersey, L. H. Borden; New York, J. C. Hulbert; Ohio, Henry Parker; Pennsylvania, A. B. Woodward; Rhode Island, J. R. Goodale.

*On Finance*—A. Wilder, W. R. Hayden, J. A. Munk.

Dr. Wilder from the Finance Committee reported that the accounts of the Treasurer had been duly examined and found correct.

Dr. Hulbert from the Committee on Credentials reported the following candidates who were duly elected to membership, namely: Prof. E. D. Buckman, of Philadelphia; Prof. S. E. Mortimore, R. S. Newton, Jr., New York City; H. A. Hildreth, New Hampshire; L. P. O'Neale, Pennsylvania; E. Blackman, Michigan.

The President made an address of welcome to the new members, after which the association took a recess till 2.30 P. M.

#### AFTERNOON SESSION—FIRST DAY.

Prof. Paul W. Allen, of New York, from the committee on Theory and Practice of Medicine, made a report on Cerebro-Spinal Meningitis.

A discussion followed lasting the entire session.

On motion of Dr. Robert S. Newton,

*Resolved*, That this Association begin its regular session to-morrow morning at 9 o'clock; and that a recess be taken at ten, at which time the members shall proceed in a body to pay their respects to the President of the United States.

#### EVENING SESSION.

The members of the Association convened in the parlor at Williard's Hotel, the President, Dr. Stow in the Chair. The discussion on Cerebro-Spinal Meningitis was continued for about an hour.

Dr. S. B. Munn, of Connecticut, from the Committee on Gynecology, made a verbal report. A discussion ensued, at the end of which the meeting adjourned.

#### SECOND DAY—MORNING SESSION, JUNE 28TH.

The Association met at 9 o'clock, A. M., Vice President Dr. R. W. Geddes in the Chair.

The Treasurer submitted a paper relating to members in arrears for upward of two years containing the following recommendation:

"The Centennial year is a good time for the Association to act with lenity and liberality toward our negligent brethren. I therefore respectfully suggest that there be adopted such a construction of the By-Laws as to provide, that for the period of — months, all persons in arrears for dues over two years (no other cause existing to the contrary), be restored to membership on payment of — dollars."

The paper was referred to the Committee on Finance.

#### VISIT TO THE PRESIDENT.

The hour of ten having arrived, a recess was taken, and the Association, led by President Stow, proceeded in a body to the Presidential mansion. Upon their arrival the members were escorted into the reception room and were introduced in turn by Dr. Robert S. Newton. The formalities over, President Grant addressed the Association.

"GENTLEMEN—I am glad to meet you, and only regret that your visit should have occurred at such an unpleasant season. You can, however, understand the condition of the gentlemen at the other end of Pennsylvania Avenue. But I do not sympathise with them so much."

The members of the Association then retired.

#### MORNING SESSION CONTINUED.

The President, Dr. Stow, took the Chair, and business was resumed.

Dr. Wilder nominated Dr. William Hitchman, of Liverpool, England, for honorary member of this Association—declaring him a gentleman of unexceptionable character and personal merit, a member of the principal learned associations of Continental Europe, as well as of Great Britain, and described by a prominent *savant* of London, as possessing superior proficiency in all branches of human science.

The nomination was referred to the committee on credentials.

The committee on finance reported the following resolution, which, after an earnest debate, was adopted.

*Resolved*—That all persons heretofore members of this association, who have been in arrears for annual dues for a period exceeding two years, shall be permitted to resume their former membership on condition of paying to the Treasurer the sum of \$6 by the first of Dec. 1876.

Letters from Prof. S. H. Potter, and other absent members, were received and read.

The committee on credentials reported the names of the following candidates, who were duly elected to membership: R. Elton Warner, S. S. toner, Charles W. Paine, of Pennsylvania; J. L. Knowles of Illinois.

#### PAPERS RECEIVED.

Prof. V. A. Baker from committee on Gynæcology.—Read.

Prof. A. L. Clark from same committee—By title.

Prof. R. S. Newton from committee on Surgical Diseases—Paper read in the *Achievements in Surgery by Eclectics*.

Mrs. Rebecca Anton, M. D., from committee on Diseases of Women—By title.

Dr. H. D. West from committee on Medical Botany and Pharmacy.—No paper, but made verbal report.

Dr. A. Wilder from same committee.—Paper presented and reading deferred.

Dr. H. Wohlgemuth from committee on Venereal Diseases—By title.

Dr. L. H. Borden from committee on Status of Eclecticism.—Reading deferred.

Prof. George H. Field from committee on Medical Statistics.—By title.

Dr. D. E. Smith from committee on Diseases of Respiratory Organs.—By title.

The President announced that the selection of the committee on nomination of officers would be in order during the recess.

On motion of Dr. Wilder,

*Resolved*—That the committee of representatives of the several states requested not to name as the time of the next annual meeting a date between the first day of June and the first day of September.\*

The association took a recess till 3 P. M.

#### AFTERNOON SESSION—SECOND DAY.

The committee on nominations was announced as follows: Connecticut, S. B. Munn; Illinois, J. B. Denman; Indiana, H. W. Taylor; Iowa, O. H. P. Shoemaker; Massachusetts, H. B. West; Michigan, E. Blackman; Missouri, J. A. Munk; New Hampshire, H. A. Hildreth; New Jersey, L. H. Borden; New York, R. S. Newton; Ohio, H. Parker; Pennsylvania, L. P. O'Neale; Rhode Island, J. R. Goodale.

Committee on Credentials reported for membership the applications of L. P. Borden, of New Jersey, and W. Paine, of Pennsylvania, who were duly elected.

---

\* The mover took no exception to the first week in June, but desired that the meeting should not be in hot weather.

Dr. J. R. Borland from the committee on Theory and Practice of Medicine, transmitted a paper which was read by Dr. Woodward.

#### OFFICERS FOR 1876-7.

The committee on nominations reported the names of the following officers: *President*, O. H. P. Shoemaker; *Vice Presidents*, S. B. Munn, L. H. Borden, J. A. Munk; *Recording Secretary*, Alexander Wilder; *Corresponding Secretary*, W. Hope Davis; *Treasurer*, James Anton, of Lebanon, Ohio.

The next annual meeting was appointed at Pittsburg, beginning June 6th, 1877.\*

The report was accepted and the officers as named, declared by vote, duly elected. They were then escorted to the desk and installed. The retiring President greeted his successor, who in reply promised his best endeavors to discharge the duties of his office impartially and acceptably, and to further the prosperity of the association.

A resolution of thanks to the retiring President and other officers was adopted.

#### PAPERS.

Prof. R. A. Gunn, from the committee on Psychological Medicine.—By title.

Dr. H. G. Newton from committee on Venereal Diseases.—By title.  
Committee on Pharmacopœia—No report.

Dr. L. H. Borden read his paper before presented.

On motion of Dr. Parker,

*Resolved*—That the time for the presenting of papers from the several committees be extended to the first day of September, 1876.

On motion of Dr. Newton, a committee of one member from each state was authorized to prepare a draft of Constitution and By-Laws.

The Association took a recess till evening.

#### EVENING SESSION.

The Association met in Willard Hall.

The President, Dr. Shoemaker, introduced the orator of the evening, Prof. Paul W. Allen, of New York, who delivered the annual address.

The Association then adjourned.

#### THIRD DAY—JUNE 29TH.

The Association assembled at 9 A. M.

On motion of Dr. R. S. Newton,

*Resolved*—That a National Bureau of Correspondence be appointed by the President of this Association, consisting of, at least, one member from each State Society, and one from each of the other states, friendly to the purpose of this resolution, to continue in existence one year, and till another similar Bureau shall, in like manner, be appointed to prepare and circulate memorials and cause them to be presented to Congress for legislation, providing that in the medical appointments under the Federal Government, whether in the army, navy, pension bureau, or elsewhere, each school of medicine shall receive equal favor, and that they shall be awarded a just and equal proportion of representation, in all

\* This appointment conflicting with the meetings of one or two state societies, the whole matter of time and place was afterwards referred, with power, to the Executive Committee.

boards of administration, examination, or in other positions, without being exposed to proscription or rejection on any pretext based on any so-called code of ethics.

The committee on Credentials reported the name of Charles S. Herron, of Washington, D. C., who was duly elected to membership.

The same committee also reported the nomination of Dr. William Hitchman, of Liverpool, England, who was then unanimously elected honorary member of the National Eclectic Medical Association.

The standing committee on Finance was appointed, consisting of Drs. Stow, Munk, and Geddes.

On motion of Dr. Anton,

*Resolved*—That the transactions of this Association be published up to the present date.

PAPERS.

Dr. R. W. Geddes, from committee on Present Status of Eclecticism—Progress of Liberal Medicine in Massachusetts—Read.

Dr. Goodale from same committee—By title.

Dr. Henry Parker—same committee—By title.

Dr. Marmon from same committee—By title.

Dr. W. Hope Davis from committee on New Remedies—By title.

Prof. Baker announced the death of Dr. J. W. Marmon, of Iowa, and offered resolutions of condolence, which were adopted.

On motion of Dr. Newton,

*Resolved*—That the Secretary of this Association is hereby directed to prepare, by or before the next annual meeting, a list of the medicines, remedial agents, and compounds, first discovered and introduced by Eclectic druggists and physicians, which are now manufactured, vended and employed by chemists, druggists and practitioners of the Old School as "regular" and "official," and the credit of their introduction and discovery withheld from those to whom it justly belongs; and that the aforesaid list be included in the transactions of this Association.

A resolution of thanks was adopted to J. F. Cake, the proprietor of Willard's Hotel, and his subordinates; but before it was duly copied to be presented a communication from that gentleman was received, presenting the Association with the use of Willard Hall without charge.

The President then declared the Association adjourned.

No. 1 Livingston Place, New York City. A. WILDER, *Secretary*.

---

*Art. LXXXIII.—Letters from Prof. Scudder.*

LONDON, July 8th, 1876.

One learns less of medicine in traveling than of almost anything else, unless he takes a good deal of trouble to get in the way of it. Physicians and surgeons are busy, and do not like to talk. At the hospitals and dispensaries they are busy, and the questions one would like to ask seem impertinent. The reader will get the best idea of English practice by taking up the work of Tanner, though he would not go far astray if he went back to Watson's lectures. Thus far I have not been able to find one giving a better reason for making a certain prescription than—"it

has been recommended in such cases"—"as the bowels are constipated, a cathartic must prove useful"—"certainly it is good practice to restrain the secretions"—and such-like very familiar phrases. We have been in the habit of thinking that some of our American remedies are largely used in this country, but such is not the fact; there is a moderate use of Podophyllin and Macrotys, and a small use of some other agents, but the majority use the remedies of twenty-five or fifty years ago. Our sedatives, veratrum and acconite, have but a limited use. Belladonna is only used in eye surgery and as a narcotic. Gelseminum is not known, and they will turn up their eyes and nose when asked for some of the more familiar remedies we have borrowed from the homoeopaths.

Do not understand me to say they give the gross doses of calomel, jalap, tartar emetic, cathartics, and other of our old time regulars; very far from this. Many are devout believers in the "expectant practice," and give very little medicine, and that of the simplest kind. Others use medicines, but in small doses, as a powder of calomel and guaiac half a grain each.

One riding through London gets the idea that hospitals are numerous, and so they are. Many of them are large and noble buildings with every opportunity for the care of the sick and the *care of the doctors*. The most conspicuous thing about a hospital is the large letters on the outside, "*supported by voluntary contributions*"—and by-the-by your Englishman is a most liberal giver, and these institutions never suffer from want of funds. I say the hospitals "*care for the doctors*" as well as for the patients, and they do this by advertising them to the better class of patrons who have guineas for consultation. We have found out in our own country that "no advertising" is for the physician struggling for a livelihood; the professor in a college or the physician or surgeon at an hospital has free course to run and be glorified in advertising; this also is a London virtue.

It is a curiosity to see the crowds of "out-patients" that attend some of these hospitals. I was at St. Bartholomew's the other morning, and feel safe at stating the number at five-hundred. Women and children were greatly in the majority, and many of them did not show the traces of poverty that we have been accustomed to associate with dispensary patients. I was not able to see the method of examination and prescription, though I learned they were rapid and very common place.

Recently the woman question has agitated the profession in this country, and on Wednesday last a bill (Foreign Universities Act) was before Parliament, to enable women educated in other countries to apply for examination and registration. The bill was supported by Dr. Lush, Dr. Cameron, Dr. Playfair, and Mr. Henley—names which will be recognized by our readers. In advocating the Bill Mr. Henley gave some statistics which may be of interest to our readers.

"He found that, according to the census of 1841, the number of physicians in England was 1,112, and the number of surgeons 14,767, making an aggregate of over 15,000. It also appeared that the population, which was, in 1841, 16,000,000, had, in 1871, increased to 23,000,000, while in that year, as compared with the former, there was an actual decrease in the number of duly-qualified medical men on the register. Now, he regarded

his as an unsatisfactory state of things, seeing that our death-rate had remained stationary during the last thirty or forty years, and that it was to a great degree upon the exertions of properly qualified medical practitioners we must rely for its decrease. That was shortly the reason why, without going into the petticoat argument (a laugh), he should vote for the bill, for he believed it might do some good in promoting the health of the people, and was thus a step in the right direction, although it would not, he was afraid, open the door to a very large number of female candidates. (Hear, hear)."

Some of the advocates of old medicine claim that these statistics prove that the antiphlogistic means—bloodletting, mercurials, antimony, cathartics, etc.—were really better than the "do-nothing practice" of to-day. If the rate of mortality has not diminished with the sanitary improvements of the country, but still remains as high as in the olden time, it would not only be well to have more doctors, but more of the old-fashioned medicines.

Homœopathy does not seem to have a very strong hold in this country, and "herbalists," botanics, or whatever they choose to call themselves, are far below par; the latter are especially noted for opposing vaccination and on this account are continuously getting into trouble and gaining an unenviable notoriety. When I say Homœopaths have not a very strong hold, I do not mean that there are none, but that they are few and feeble in comparison with the school in the United States.

The drug-stores do not compare with ours in the taste of their fitting up, or in the assortment they keep. Their laws are very strict, however, and the drug-stock is better than ours. Indeed the new comer will be surprised to find when he takes mustard it is mustard and will bite, so with pepper and spices, and I have no doubt that their jalap would be active in finding a passage.

Their surgical instruments I do not like as well as those made in the United States. One can buy a better case of instruments at Max Woehrer's or Wm. Autenrieth's, than he can in a surgical instrument maker's store here, and the assortment of rare instruments is much greater and they have a neater finish.

Altogether, although our publishers make such free use of English books for which they pay no copyright, (literary piracy), I believe the medical profession of the United States will rank well with their English brethren, and though they do not generally have the culture, and certainly not as good a position in society, or public estimation, they are quite as useful, and quite as successful.

The physician in our land requires to be impressed that medicine is one of the *learned* professions, and from the day that he determines to be a physician to the day of his death he should be a student, and lose no opportunity of gaining knowledge in any department. He should also realize that the physician is a gentleman. And from the time that he commences study, he should cultivate those social graces that belong to and characterize the educated man.

Our country is a new country, and we have not the time, the money, or the facilities for culture that these older people have. And yet we

have a freedom of mind, a freedom from old customs, and in consequence an intellectual activity that they have not. Every one that chooses may educate himself, and may obtain that culture in all directions which I think every one should strive for.

LUCERNE, July 22d, 1876.

It is difficult for one living in our country to appreciate a land in which it is never uncomfortably warm in summer, and in which it is very comfortable to sleep under a blanket, and have a feather bed (German) to draw over you in the "wee small hours of night." And a land, too, which is rarely or never parched by drought, and where the streams remain the same through the season. Our land is a very good land, but it is not in everything the best, as we so fourth-of-July-ly try to make ourselves believe.

I believe I mentioned that the medical and pharmaceutical profession in America, looked quite as well as in England, and that I was not particularly impressed with English drug-stores. In France (rural) doctors seem to be at a discount, for what need has a man whose destinies are in the hands of the "Virgin and the holy angels" of a doctor. The mid-wife assists him into the world, he lives his allotted time, and the priest aids him in getting out of it. Of course in cities and thickly populated districts the doctor is in demand—it is a matter of fashion, and people get along quite as well, and live quite as long, in the one case as in the other.

I do not want any one to understand that the doctor is not a person of repute, and one to be looked up to—he holds a higher position on the Continent than even in England, and very much higher than in the United States. Brussels showed some finely fitted up pharmacies, and the stock looked nice and well cared for. Physicians seemed to have a good thing, living in nice houses, and having a comfortable well-fed appearance. The fees range from \$1.50 to \$3.00 per visit. Surgical operations about the same as with us.

A very notable fact all the way through, is the want of signs; you do not read "JOHANNUS SNICKELFRITZ, ARTZ," in three or four inch gold letters, but put on your glasses and you will see a small door-plate with the physician's name, and the abbreviation "Med." after it. A stranger would have difficulty in finding a physician, but to the resident there is no trouble, for the house is the house of a physician from generation to generation, and the practice is transferred from one to another by purchase—a man buys his practice, and does not make it as we do. "A connection—medical or dental or legal—is as much an article of merchandise as a farm."

Dr. Wright, of Basel, an "American Dentist," gave us some interesting information with reference to medical matters in Switzerland and many parts of Germany. The physician holds himself far above the class of merchants or tradesmen, he does not make a bill. At the end of the year he sends the family he has attended a neat letter mentioning that he has called upon them a certain number of times, and that they have visited him a certain number of times during the year. No price is fixed for the

visits, and no payment is asked. Each person determines, according to his ability to pay the account, and sends it, "with his kindest wishes," to the doctor. Some who are very poor, may not pay more than a franc a visit, whilst with others it will range all the way up to twenty francs—a very common payment from the well-to-do being eight to ten francs (\$1.60, to \$2.00) each visit.

I remarked to the doctor, that I did not think the practice would work well in our country—if you let the people fix the prices, and pay when they were ready, the doctor would starve. In this he agreed with me, but said it worked well there, for people uniformly paid what they were able, and the incomes of the physicians in good business, would range from \$2000 to \$7000 per year.

By-the-by, Americans are the fashionable dentists of Europe, as it is conceded by all that they are the best. They are educated gentlemen, and certainly an honor to our country. If our ministers and consuls had half their culture and ability our country would stand much fairer. They have a society of American dentists, which meets annually—this year in Paris, Aug. 2d. There is a uniformly good attendance, and much interest is taken in the meetings.

One would think to look out on the mountains, the beautiful green hills, the clear lakes and rivers, and breathe the invigorating air of this country, that people would not be sick here, and they might all die of old age. But they do get sick and die as we do (they do not *shake* the buttons off their clothes, or their toe-nails off before they die, which is some satisfaction). Passing through the by-ways of the cities and villages, one soon *notes* one of the causes of sickness and death in the malodors, that come up from cellar-gratings, and the open mouths of drains, and from water-closets and vaults. There are other smells on the Rhine and in Switzerland than "cologne."

It is singular that people will not learn that "cleanliness is better than godliness," and that it is possible to be poisoned with one's own excreta. During the present month an investigation has been going on in London with reference to an outbreak of typhoid fever in a limited district, and it was traced directly and absolutely to the milk supply: There were two infected districts (a few houses each), at some distance from one another, and having no communication. Both had the fever alike, and both were supplied with milk from the same dairy. The health officer examined the premises of the dairy, and found that a house-drain and cess-pool emptied into the water supply of the cows, and in addition to this, the milk was casked in a cellar which was befouled from the same drain.

I have called attention several times to this cause of disease, and yet I am satisfied that physicians and people pay but little attention to it. A case came to my knowledge in which a physician had serious sickness in his family for an entire season, losing two members of it from fever, and it was due wholly to bad drainage—the provision cellar receiving a considerable part of the waste of the house. It is possible for persons to be dirty in their person and their clothing, and escape disease, but it is not possible if the air they breathe and the food they eat is contaminated.

Physicians in Germany and Switzerland do not use much medicine, and but very little that is harsh. I am told that good advice is very often given and taken without medicine. The people are quite as well satisfied with "really you do not need any medicine, have a bath (kind described), a light diet, rest, and you will soon be well." And it is said to be remarkable how closely they follow directions, and how little inclined they are to doctor themselves, or allow their neighbors to prescribe for them.

A noteworthy feature of drug-stores is the absence of "proprietary medicines—pills, syrups, balsams," etc. You see some, but they do not look as if they were patronized. The national mineral waters of course being excepted. If there is any one thing more absurd than another it is the American fondness for patent medicines and self drugging. We laugh at the worship of saints, and the belief in relics and miracles, but it is not a whit more absurd than the American belief in medicine—especially proprietary medicines.

---

**Art. LXXXIV.—Clinical Notes.** By W. M. INGALLS, M. D.

I have treated several severe cases of cholera morbus with *veratrum album*, and *nux vomica*, according to the following formulas:

R Tinct. verat. album, gtt. iij; aqua, f3ij; M. Give one teaspoonful every ten minutes. R Tinct. nux vomica, gtt. ii; aqua, f3ii; M. S. One teaspoonful every twenty minutes in alternation with *veratrum*. These prescriptions have given me general satisfaction in the disease named.

Mrs. B. had been sick for six weeks under allopathic treatment when I was called. This lady was confined to her bed most of the time; afflicted with constipation, having to take about twice per week cathartic pills in order to produce an evacuation, which was again followed by constipation; these semi-weekly onslaughts with cathartics kept the patient in a debilitated condition from which it was impossible for her to fully recover.

Her stomach, whenever she would take any food, would pain her to such an extent that for hours she would suffer extremely. Now, to regulate the bowels and bring about healthy digestion, constituted the *desideratum*: for the constipation I gave the following: R Sulphur, 3ii; sulph. magnes. 3ss; tinct. myriotica morchata, gtt. xxv; M. S. Half teaspoonful morning and evening; and in the course of a few days the bowels became regular, using injections until the medicine took effect. I gave the following preparation to regulate the digestive process: R Tinct. nux vomica, gtt. viii; tinct. gentian, f3ii; tinct. collinsonia, f3i; aqua, f3iv; M. S. One teaspoonful four times per day. I gave five grains of lactopeptine directly after each meal.

The patient, in a few days after commencing the medicine, began to improve, and is now apparently well. This case is one of a hundred which present themselves for medical treatment, and only require a little common sense in their successful disposal. The idea of whipping debilitated bowels into activity with drastic cathartics, is the bane of many a practitioner, and the misfortune of many a patient.

For nervous headache I am using the following with good success: *R. Belladonna*, 3d dil. gtt. xv: aqua, f3iij; *M. R. Nux vomica*, 1st dil. gtt. x; aqua, f3iii; *M.* Alternate these remedies every ten minutes, one teaspoonful each, and in half an hour your patient will be relieved. For the severe headache, affecting the ridge of the head, eyes and forehead, after the menstrual flow, I have found the following to answer a good purpose, and to give relief in a short time. *R. Glonoine*, gtt. xv; aqua, f3ii; *M. R. Tinct. nux vomica*, gtt. ii; aqua, f3iij; *M. S.* Give in alternation every ten minutes, until relief follows, one teaspoonful.

I have recently treated a very severe case of chronic conjunctivitis with the following remedies: *R. Belladonna*, 3d dil. gtt. xv; aqua, f3ii, *M. R. Nux vomica*, 3d trituration, 3 grain doses. Alternate the remedies; two doses of each twice per day.

Prescribed a few days since for Mrs. E. who was having chills, malarial, quotidian type; gave the following: *R. Apis*, 1st dil, dec. gtt. ii; every two hours in water: *R. Ipecac*, 3d dil. dec. gtt. ii; every two hours in water. The patient had but only one slight chill after commencing the medicine.

I have prescribed *Apis*, 3d dec., in morning diarrhœa with good results; also *Podophyllin*, 3d dec., for the same difficulty, both acting very satisfactorily.

I am well convinced from my experience, that were we extra careful in our diagnosis, we could have but very little trouble in prescribing single remedies for certain pathological conditions. Much of the criticism, I have no doubt, arises from a want of close study of the facts as presented in a given case, and not from a want of accuracy in the doctrines of specific medication. In prescribing single remedies for certain conditions the general looseness which characterizes the ordinary shot-gun mode has to be dispensed with, and a more critical analysis adopted; when we come down to such a course, we will have but little fault to find with those who are pushing forward vigorously in the direction of individual drug action for certain morbid manifestations.

---

**Art. LXXXV.—*Asclepias*. By C. G. LLOYD.**

There is a great deal of unnecessary confusion in regard to the different species of *Asclepias*. Three of the nineteen species described by botanists are considered medicinal. These are the *A. incarnata*, *A. tuberosa*, and *A. cornuti*; the latter, our common milk weed, has little reputation as a medicinal agent, and is by far the most common species. It grows almost everywhere in dry sandy soil, and undoubtedly every year quantities of its roots are gathered and sold for the roots of *A. tuberosa*. It can always be recognized by its large warty foliicles (pods), the fruits of all others of the milk weed family are smooth. The medicinal species, *A. incarnata* and *A. Tuberosa*, are easily distinguished by their stems, as they are the only species with broad leaves that have their stems branched. They may be readily distinguished from each other, the leaves of the *A. incarnata* being opposite while those of *A. tuberosa* are alternate. The *A. incarnata* grows in moist soil but the *A. tuberosa* is generally found in dry sunny fields. These are the most obvious characters of the medicinal

species, and I trust they are sufficiently plain to be instrumental in assisting to remedy the many mistakes that are made every year by the gatherers of *Asclepias*.

---

## PERISCOPE.

### *Ovariectomy — Recovery — Post-Mortem Examination after Seven Years.* (Under the care of DR. HIME).

As it is not often that opportunities offer of examining post-mortem cases which have been successfully operated on for ovarian dropsy, I believe the following may prove of interest:

H. P., of Owston, near Doncaster, was sent to me as a patient seven years ago (August, 1868), suffering from "a tumor." She was forty-eight, married, and had six children. Her appearance was that of a healthy, robust, rosy-cheeked peasant. Her general health had been good, and her confinements normal (the last occurred in 1862). She had a vague impression that she did not diminish in size after the last confinement as she ought. In 1864 she had a bad flooding, and a miscarriage was suspected. From this time her menstruation commenced to be irregular, at intervals of two or three months. After two years of this irregularity she noticed a distinct enlargement of the abdomen, and—a further sign of uterine disorder—she began to pass at her periods pieces of "skin," like the lining of an egg-shell." However, she is certain that there was no dysmenorrhœa; and as her general health continued good, no notice was taken of the swelling. Subsequently she was treated for "wind and water" and other complaints, but was never tapped. On admission to the Women's Hospital I found her abdomen enlarged, acuminate, skin dry and glistening (she said she never perspired), and traversed by large veins. The following measurements were taken:—Circumference, forty-nine inches; ensiform cartilage to symphysis pubis, twenty-five inches; right anterior superior spine of ilium to umbilicus, fifteen inches; left anterior superior spine of ilium to umbilicus fourteen inches. The tumor was very tense, and projected a good deal from the abdominal cavity, the lower portion of the abdominal wall facing the thighs. The latter fact proved, as is often the case, a correct hint of a longish pedicle. The heart was enlarged, with a systolic bruit at the apex, and a double first-sound.

*Operation.*—I operated on August 20, 1868, the operation lasting one hour and twenty minutes. The patient had a good meat breakfast at 7 A. M.—a practice which I strongly recommend, if there is time for its digestion, before operation. Patients are often put on the operating-table who have taken no food since the previous evening, except, perhaps, a cup of tea and a piece of dry toast. In case sickness should follow the operation, it may be another twenty-four hours before they can absorb any quantity of nourishment. Such a plan must seriously affect the patient, especially in all important operations which last a long time and tax the patient's endurance. Besides, a good breakfast will not be found to provoke sickness. After five hours not much of a light meat breakfast will be ejected. She took chloroform admirably, in spite of the state of the

heart. I made the usual incision in the median line, about four inches long, partially emptied the sac, and then tied the orifice, and explored the relations of the parts. The sac was throughout adherent to the anterior abdominal wall, but was readily detached. The pedicle was thin, about two inches long by one inch wide, growing from the uterine margin of the right lateral ligament. I then drew off the whole of the fluid (thirty-seven pints, clear, straw-colored) from the single sac. The intestinal adhesions were numerous and strong, and their separation took a very long time; the knife was not used. Very strong adhesions also bound the sac in the neighborhood of the liver. The wound was closed by three deep and three superficial silver-wire sutures. She recovered without a bad symptom. Temperature on second day was 105° Fahr., pulse 104. She was troubled on the fourth day with flatulence and diarrhœa, passing hard scybala, and was relieved by the enema assafoetidæ, B. P. On the twenty-third day after the operation she was up.

*After-History.*—She menstruated regularly for about a year, during which time she increased considerably in weight. Her menstruation then became very profuse. The cardiac affection began gradually to grow worse, and subsequently her breathing became very bad on the least exertion, and her legs and feet became very œdematous. She returned to the hospital on July 12, 1875. She was very stout (ascitic), her lower extremities being much swollen and œdematous. Her breathing was excessively bad; she was unable to lie down, and could make no exertion. Her urine was scanty and highly albuminous. The heart's sounds were displaced by a blowing murmur, so loud and extended that it was impossible to distinguish its nature or situation exactly. She improved greatly on iron and digitalis. The urine ceased to be albuminous, except after some unusual exertion; the swelling of the legs and feet disappeared; her breathing improved, and she could lie down with comfort. After a sojourn of seven weeks in the hospital she was about to leave on August 30. She went to bed cheerful and happy. During the night a patient in the same ward hearing her breathe heavily, called the nurse, and she was found to be at the last gasp.

The following day I made a post-mortem examination. The body was covered with a thick layer of fat. On passing my hand through an incision in the abdominal wall it was met by a compact, firm mass, filling the whole abdominal cavity. This consisted of the whole of the intestines, omentum, etc., matted together by quantities of lymph. It was impossible to remove even a short piece of intestine separately. On cutting through it the appearance was that of a solid body perforated by large canals (the intestines) in various directions. Yet she never suffered any intestinal inconvenience. The omentum was inseparably connected with the peritoneum above, as well as with the intestines below. No trace whatever remained of the strong whipcord ligature which tied the pedicle, nor could I even find a cicatrix or mark of where the pedicle had been. The left ovary was in its place and healthy. The kidneys were large and completely disorganized; all trace of cortical structure had disappeared, and the capsules readily peeled off. The liver, too, on section, was found diseased throughout, and so soft that the fingers readily pene-

trated it; fat could be distinguished in it with the naked eye, in patches as large as a pea. The lungs and pleuræ contained a considerable quantity of serum, which escaped on section. The pericardium contained over a pint of bloody serum. The heart was greatly enlarged, its walls fatty; and a rupture existed in the wall of the right auricle, which was not thicker than a leather glove. The mitral and aortic valves were both much thickened, and on the latter were situated several nodules, one as large as a grain of wheat. Still it held water, though this by no means proves, as is often supposed, that it could withstand the blood-pressure brought to bear on it during life.—*London Medical Times and Gazette.*

---

***An Automatic Method of Opening the Eustachian Tube and Airing the Tympanum.*** By H. S. SCHELL, M. D.

For more than a year I have been in the habit of using a method of inflating the tympanum which seems to me to possess some advantages. This method is based upon the fact that during the act of yawning, and especially if the mouth be kept closed, as in a suppressed yawn, a sensation of movement or slight clicking sound will be experienced in the ears.

I generally direct the patient to keep the lips tightly closed, and to draw down the throat and even to separate the jaws slightly, as if trying to yawn without being observed. The effort usually produces the yawn itself, and if, immediately after the long inspiration which accompanies the act, or at the beginning of expiration, the nostrils are closed with the fingers, air will be felt to fill the tympanic cavities.

The tympanum will remain inflated for some time, often uncomfortably if any amount of force has been used, but may be quickly eased by swallowing the saliva once or twice with the mouth shut. The obvious effect of the inflating can be limited to either ear by closing the external meatus of the other tightly with the unoccupied hand.

The *modus operandi* of the process is as follows: In the act of yawning, as observed in a mirror, the base of the tongue is depressed or fixed, the soft palate is elevated or fixed, and the isthmus of the fauces is very much narrowed by the posterior pillars being strongly drawn towards the middle line. From the shape of a broad arch the isthmus faucium shrinks into a slit half an inch wide, and the posterior pillars become straight and rigid:

While this narrowing is in progress a clicking sound is heard in the tympanum, evidently owing to the separation of the walls of the tube, and then inflation may be easily performed. It seems from this that the principal, if not the only agent in producing the effect, is the palato-pharyngeus muscle, through that portion of it which arises from the cartilage of the Eustachian tube, the so-called salpingo-pharyngeus. The salpingo-pharyngeus does not necessarily contract simultaneously with the main portion of the palato-pharyngeus, for I find that in my own person I can voluntarily narrow the isthmus faucium to about half an inch in width without affecting the Eustachian tube, unless I make the effort to yawn. In the former case the muscle expends its force upon the typhoid cartilage and pharynx, and the base of the tongue rises. In the latter,

the base of the tongue being fixed, the muscle acts in the opposite direction, the salpingo-pharyngeus has a *point d'appui*, and the tube is pulled open.

But the influence of the palato-pharyngeus upon the soft palate is at the same time opposed by the *lavator palati*; it may be also to some extent by the *tensor palati*, for the palate is raised or fixed, and as the two latter muscles have some attachment to the cartilage of the tube, it is possible that they also contribute something to the particular result in question. At all events, in the effort to yawn, all the muscles of the throat apparently participate, but the peculiar sound which accompanies the opening of the tube occurs when the action of the palato-pharyngeus is most evident.

As the patency of the Eustachian tube produced in this way is not merely momentary, but continues during the yawn, there is no need of hurry, and inflation can be made very deliberately and softly or strongly as occasion may require. It is only necessary that it should be done while the yawn lasts, and not after it is over.

In many cases it is not necessary to inflate at all, the mere opening of the mouth of the tube being sufficient to let the air rush into the tympanum.

It may be that the patient will not be able to accomplish the inflation of the tympanum by this method upon the first trial, but will almost certainly be able to do so after a few efforts, and, having once succeeded, the repetition becomes easy. After practicing the method for a short time, it will be found that it is not necessary to make the complete yawn, but that sufficient control is obtained over the muscles about the isthmus of the fauces to open the mouth of the tube at will.

The various applications of this method will naturally suggest themselves to the aural surgeon. I have found it, however, especially useful in those inflammatory conditions of the middle ear which are accompanied by constantly accumulating mucous or purulent secretion. If there is at the same time perforation of the *membrana tympani*, the discharge of the secretion into the external meatus may be secured at frequent intervals, and the entire aural tract may be kept clean by the application of medicated washes. To apply these it is only necessary to draw a portion of the liquid up the nose until it is felt to run into the pharynx, to hold the head inclined so that the diseased ear is underneath, and to practice inflation as before.

In cases of deafness resulting from closure of the tube from recent swelling about its pharyngeal extremity, this method offers an easy means of obtaining patency of the canal from time to time without pain or annoyance.

A comparison of this plan of airing the tympanum with some of those in general use will show that it may be preferable in some cases.

In the application of the Valsalvian experiment there is always considerable difficulty in forcing air into the tympanum, and the experiment often fails altogether. In any case it requires great straining, the vessels of the head and face become turgid with blood, and the *membrana tympani* appears more congested than when inflation is performed by other

means. The experiment, however, can be made by the patient himself, an important point in many cases of tympanic disease where the application of remedial measures is frequently needed in the absence of the surgeon.

In Politzer's method, beside the objection to drinking from a tumbler common to many persons at a clinic, there is always the nozzle of the air bag to be inserted into the nose, a very unpleasant proceeding to most individuals. In addition the time occupied by swallowing is so short that it is often difficult to hit the exact moment for the air douche, which is also generally given with more force than is beneficial.

In the modification of Politzer's plan, recently proposed by Gruber, the obnoxious air bag is retained, and the Eustachian tube is not always opened in a perfectly satisfactory manner.

The Eustachian catheter, while the most certain of all means, of course irritates the throat and pharyngeal opening of the tube, more or less. It is not requisite, however, to mention the dangers arising from its unskillful manipulation, because, like any other instrument, it should not be used on the living subject, except by the educated hand.

If the membrana tympani be examined during the performance of inflammation by any of these methods, a little arborescent twig of vessels is seen to run down the handle of the malleus, and more or less congestion appears to be inseparable from the act; but if the pharyngeal extremity of the tube is simply opened in the manner previously described, and atmospheric equilibrium is allowed to establish itself on the two sides of the membrana tympani, there seems to be absolutely no injurious reaction upon the local circulation.—*Amer. Journal Med. Sciences.*

### *Torsion of Arteries.*

At a recent meeting of the Surgical Society of Paris, M. Tillaux read a paper (reported in the *Gazette des Hopitaux*) on the Torsion of Arteries. The conclusions at which he has arrived are the following:—

1. Torsion is applicable to arteries of all calibres, and more especially to large arteries.
2. One pair of forceps only is necessary for the operation, whatever may be the size of the artery.
3. The artery ought to be seized with the forceps obliquely, and not in its continuity, in such a way as to thoroughly include in the fangs of the forceps the three coats in their entire width.
4. Torsion ought to be carried as far as the complete detachment of the part seized by the forceps.
5. The turning back (*refoulement*) of the tunics towards the heart, advised by Amussat, and the limited torsion recommended by Amussat and the English surgeons, are useless.
6. Torsion is applicable to atheromatous or inflamed arteries. It is a valuable means for checking hemorrhage at the bottom of wounds.
7. It favors the immediate union of wounds by the absence of all foreign bodies.
8. There is as much safety against primary hemorrhage with torsion as with the ligature.

9. It affords greater safety against secondary hemorrhage than does the ligature.

Since 1871 M. Tillaux has exclusively employed torsion after both great and small operations. There has never been either primary or secondary hemorrhage in about 100 great operations in which he has resorted to this practice.

Some of these conclusions will meet with the approval of all who have any practical experience of torsion; others will not, we are sure, be accepted as correct. For instance, experience does not warrant any one in laying it down as a law that the part of the vessel seized by the forceps ought to be twisted entirely off, and it is altogether contrary to facts to say that the limited torsion recommended "by Amussat and the English surgeons" is useless. It somewhat surprised us to read that Amussat recommended limited torsion; we had an impression that Amussat twisted the end quite off, and that Valpeau and Fricke were the advocates of the limited method. Then, as to the uselessness of limited torsion. In more than one of our metropolitan hospitals, and certainly in one of our largest provincial hospitals, torsion has almost, if not quite, displaced the ligature, and has proved a most successful substitute for it; yet it is not the custom to detach the twisted end of the artery if the vessel be of large size, though it is admitted that in the case of small arteries it is immaterial whether or not this is done. It is stated in Bryant's "Surgery" that "at Guy's Hospital up to 1874 we have had 200 consecutive cases of amputation of the thigh, leg, arm, and forearm, in which all the arteries had been twisted (110 of them having been of the femoral artery), and no case of secondary hemorrhage"; and other statistics to prove the same point could be quoted from the Middlesex Hospital and elsewhere, if there were need. So far from torsion short of actual detachment being useless, we would urge that it is advantageous to leave the twisted extremity undetached. The twisted end affords an additional mechanical safeguard against the occurrence of hemorrhage, while it also acts as a support to the lacerated and recurved inner and middle coats, and to the coagulum which forms within them.

It has been proved to demonstration that the twist in the external coat is a persistent condition, while it has also been satisfactorily established that the twisted portion of the artery does not die, that no sloughing ensues, but that adhesion between the parts of the artery, and between them and the surrounding structures, subsequently occurs. In all this is the superiority of torsion over the ligature.

We do not endorse M. Tillaux's opinion that it is necessary to seize the artery obliquely, and not in a line with its axis; on the contrary, it has been our own practice to adopt the latter plan, and with good success. With well-made and fairly broad torsion forceps, quite as much of the breadth of such an artery as the femoral as is necessary can be grasped. At a point of much importance which is not alluded to by M. Tillaux is the isolation of the end of the artery by drawing it out, and thus separating it from the veins and nerves. In this, it seems to us, lies the secret of rapid and effectual torsion. As a rule, M. Tillaux is quite right in asserting that one pair of forceps is all that is necessary; but, in the case

of the external iliac and axillary arteries, which are very loosely connected with surrounding structures, a second pair, to fix the vessel above, is desirable.

We are glad to find it stated that torsion is applicable to atheromatous and inflamed arteries. It has often been urged that dangerous consequences would ensue from its application to such vessels. *A priori*, it should have been argued that torsion offers less risk than the ligature for diseased vessels. In addition to the plugging by conical clot, which is the only protection in acupressure after the withdrawal of the needle, there are, in the case of torsion, the more or less perfectly incurved inner coats, and the twisted external coat of the artery, whilst the process of permanent occlusion by organized lymph is not interfered with by the ulceration necessary for the separation of the ligature. Practically it has been found that atheromatous arteries are as amenable to torsion as healthy ones, if only it be borne in mind that fewer rotations of the forceps are required on account of the brittleness of the coats of these vessels; and we would add, in opposition to M. Tillaux, that the surgeon should be careful not to break away the external coat. The inference to be drawn, however, from his remarks on limited torsion appears to be this: that torsion, both in healthy and atheromatous vessels, is actually so safe a hæmostatic that it can dispense with one of its own conditions of security, viz., the mechanical resistance offered by the twisted external coat.—*Med. Times and Gazette*.

---

## EDITORIAL.

---

### *A Revolution.*

The first half of the present century is noted, among other important changes, for a revolution in the practice of medicine. During a period of two thousand years phlebotomy, as a common means for reducing febrile and inflammatory action, had been practiced indiscriminately and unstrainedly by physicians of all civilized countries. The point in pathology and therapeutics was so well settled that no medical man thought of raising a question in regard to the impropriety of general blood-letting. At length it was discovered that the people were inclined to avoid the lancet, and asked if they could not get along just as well if they were not bled. They were instinctively opposed to the sight of flowing blood; and were frightened at the ghastly appearance of those who had just undergone venesection. They did not question the wisdom of the doctors, but shrank from the use of the lancet as they now do from swallowing disgusting medicine. This aversion to blood-letting grew stronger and stronger from year to year, until at the present time phlebotomy is almost unknown, consequently a *revolution* in medical practice has been achieved.

The Thomsonians claim that they were the authors of the revolution, but the facts are against them. The tide had begun to set against blood-letting before Samuel Thomson ever dabbled in medicine, therefore he did not originate the scheme. It is admitted that he and his adherents condemned venesection, and so they did everything which was advocated

or practiced by the "mineral doctors," as they dubbed the regulars. They were as denunciatory of mercury and antimony as they were of blood-letting,—they condemned opiates, cathartics, and all mineral medicines. They helped the revolution along, so far as their influence extended, but they did not originate it. They took advantage of a popular prejudice, and made all the capital they could out of it, which was not insignificant.

Well, how did the regulars, allopaths, or 'scientific' doctors relish this rising revolution? Did they try to start it, or help it along? Not much, except so far as their abuses of phlebotomy tended to beget a hatred of the practice among the people, and thus to awaken an interest in the subject; and at length the feeling ripened into open hostility to that which was palpably injurious. The 'scientific' practitioners of medicine endeavored to mollify this hostile feeling, and to convince the people that they were engaged in a dangerous project, yet the popular opposition never faltered, but always increased. Revolutions never go backwards. In time the leading physicians of Christian countries began to inquire of each other what they should do; and Dr. Allison announced to his brethren that they should "bleed only those who were willing to part with blood; the others would alone be responsible for their temerity." His advice was followed by several medical gentlemen who enjoyed opportunities to make observations; and soon it was announced that their practice without venesection was more successful than what it had previously been. It did not take long for the unprofessional to hear of these experiments and of their results; and they then took a decided stand against blood-letting, so that as early as 1810 one third of the inhabitants of England, France, Germany, and United States was tainted with the "heresy." And as late as 1830 venesection was rarely performed, except to relieve puerperal convulsions.

This revolution which started in the instincts and common sense of the people, gathered so much strength in its progress, that it soon overthrew all scientific theories, and triumphed over the stand taken against it by the great majority of regular physicians. This revolution, however, would not have met with such stubborn opposition, if its legitimate conclusions had not so significantly pointed to two thousand years of malpractice,—to the follies and bloody frenzy of the *founders* and "fathers" of 'scientific' medicine! "The gathered wisdom of a thousand years" was about to be proved a delusion, therefore what was to be done to save the history of regular, 'scientific' medicine? It would not be becoming in the living to allow the reputation of the great and glorious dead to be blackened by the charge that twenty centuries of malpractice had been carried on, and nobody wise enough to detect it. If something was not done to avert the influence, the sanctity of medicine would be destroyed. In this hour of peril to the good name of *scientific* practice, no less a genius than Dr. Thomas Watson invented a theory which was elastic enough to cover the errors of his forefathers, grandfathers, and fathers, and to afford a reasonable excuse for laying aside phlebotomy at that particular time. He announced, with all the gravity of an Eastern sage, that early in the present century it had been observed by the best men in the profession, that morbid action had begun to assume an altered character—

it had for two thousand years been *sthenic*, but all at once it had become *asthenic*, consequently the ancients were justified in practicing phlebotomy, and we have the best of reasons for abandoning the same! They would have been as culpable if they had not bled when disease was *sthenic*, as we should now be if we continued to bleed after morbid action became *asthenic*! There has been a marked change-of-type in disease, and it is a credit to the advocates of 'scientific' medicine that the altered character of morbid action was discovered while the change was taking place! About this time the cry was raised all around the world that a sad degeneracy in the human species had been observed. We were not so large and strong as our ancestors: and we could not endure as much as they. In other words, they had blood enough and to spare, while we, their puny descendants, were anæmic, and could not therefore endure venesection! All this accords so well with the change-of-type theory, that it bears the suspicion of having been started by the 'scientific' doctors who found it convenient to have a plausible excuse for changing their practice so radically. Man in general was never so large, strong, and healthful as at present. The average length of human life has been increasing ever since phlebotomy ceased to be a prominent therapeutic agency. Was there ever anything more absurd, than this alleged change-of-type theory in regard to disease? Did horses and oxen meet with a change in their constitutions at the same time? It would be a remarkable coincidence if they did, yet veterinary practitioners altered their practice about the same time:—they found it no longer necessary to bleed,—their "patients" did not stand bleeding as well as they did formerly! From that announcement on the part of one of the greatest in the medical profession, to the present time, the "rank and file" of the Allopathic fraternity have believed in a veritable change in animal nature; and they as patiently wait for the *sthenic* type to return as certain Christians do for the *second* coming of Christ. However, there are a few in the regular ranks who have exhibited independence enough to declare their disbelief in any such pretension as change-of-type in health or disease, and who are iconoclastic enough to cast reproach and ridicule upon the heathenish idol. They have conducted experiments, as well as made observations in private practice, which have proved beyond question that pneumonia and other febrile diseases recover quicker and more satisfactorily when patients are 'not depleted by venesection. These results were startling to the profession at first, yet they now accord with the generally accepted doctrine of to-day. Now and then an old war chief puts on paint and calls for blood. Prof. Gross addressed the American Medical Association at Louisville, on blood-letting as a "lost art," and declared that to a considerable extent phlebotomy must be revived, especially in *sthenic* forms of disease.

Those in the 'scientific' part of the profession who acknowledge that the lancet, not metaphorically speaking, has slaughtered more than the sword, have played an honest part, and command the respect of all magnanimous men; but those who know where the guilt rests, yet will not admit that venesection ever did any harm, are like Lady Macbeth, and must be pestered with the sight and smell of blood on their hands. They may say, "Out, damned spot," yet the specter is there. It is a ghost that

will not "down": and in the disturbed visions of sleep, they may exclaim, 'Here's the smell of the blood still: all the perfumes of Arabia will not sweeten this little hand.'"

Dr. Stokes in his lectures on fever, published in the *Lancet*, says: "I remember when I was a student of old Meath Hospital (Dublin), there was hardly a morning that some twenty or thirty unfortunate creatures were not phlebotomised largely. The floor was running with blood; it was difficult to cross the prescribing hall for fear of slipping. Patients were seen wallowing in their own blood, like leeches after a salt emetic." This is from good allopathic authority, therefore the accusation can not be used that another attempt is being made to flaunt the "bloody shirt," to use a political simile, but to prove there has been a *revolution* in the practice of medicine, and what influences brought it about. The picture Dr. Stokes draws, and is undoubtedly true, must have disgusted the poor wretches who were the victims of phlebotomy. No wonder the people declined to be bled: and it is not difficult to see where the "revolution" commenced.

H.

### *Diagnosis and Therapeutics.*

Allopathic writers and teachers insist that diseases must be treated upon what are called *general principles*: and they as persistently declare that specific remedies will never be discovered for the successful management of only a few ailments. They are laudably engaged in demonstrating pathological appearances, and in discovering chemical agencies which shall overcome morbid phenomena. Investigations of the kind mentioned can not help leading to a better understanding of disease and remedies, yet is this the only profitable way of making progress in diagnosis and therapeutics? It is exceedingly interesting to microscopically observe the cells in carcinomatous disease; and to draw distinctions and point out differences between the cellular character of the various forms of cancer-tissue; but what amount of such study and observation would lead to the discovery of a medicine, which, when swallowed, shall modify or favorably influence the morbid processes? Again, it is almost enchanting to behold, microscopically, the degenerate tissue-change which occurs in granular disease of the kidney; yet after those retrograde changes have been observed, and their beauties in the dead structure pointed out, are we any nearer finding a remedy which shall favorably impress a patient suffering from Bright's disease of the kidney? Does the pathological appearance indicate the medicine to be given? This is not said to discourage investigations in pathology; far from it, but to prepare for a few things which are to come after.

The chemist discovers some beautiful combinations before unknown: the quantity of each elementary substance in the compound is accurately stated and indicated; and the chemical relation of the combination is estimated, yet is the therapist able, from the chemist's description of the drug, to apply the agent advantageously, without experimenting with it for some time? It is well that the chemical combination is effected, or, without it, no trial of its medicinal virtues could be made. Praise be to the chemist for all he has accomplished, and reverently ask him to con-

tinue in his scientific labors! It is presumed that he does not arrive at any of his conclusions tentatively, that is, empirically. He deals in a science which boasts of having mathematical exactitude in its results; when he puts two substances together which have chemical affinity, he knows in advance what the result will be! Does he? or must he test the compound? And may he not be surprised when, after many perplexing comparisons, he finds that the result is entirely unexpected,—the compound is not what it *ought* to have been, strictly speaking!

An autopsy is held, and a fatty or granular degeneration of the liver is discovered. The demonstration is very clear and satisfactory,—nothing could be plainer, yet is there anything in the appearance of that diseased organ to indicate what remedy may have been successfully administered? Would a chemical analysis of the bile throw any light upon the therapeutics of the case? Possibly, but not probably. Would calomel or podophyllin be indicated by the post mortem revelation? Are autopsies to be discouraged, then? Certainly not, but to be praised and insisted upon. They are the only means of deciding what and how many organs have been special sufferers; and if the symptoms be well remembered they can be the better interpreted after the post mortem exploration. All of these are valuable aids in helping us along in the pursuit of scientific medicine.

We have a class of practitioners among us who do not seem to care particularly what organ is diseased,—all they want to know is a few symptoms, as the appearance of the tongue, etc.—but they occupy the other extreme in diagnosis and therapeutics. And, in justice to liberal and intelligent individuals in the class, it may be said they do care whether a patient has typhlitis or cancer of the colon, for although they pretend to treat symptoms alone, they have regard for the old nomenclature.

In seeking a correct conclusion while inquiring into the morbid condition needing therapeutic applications, it is well to ascertain, if possible, the origin, the nature, and the tendencies of the morbid processes. A disease is not always to be medicated, for many of its forms will terminate in recovery if left to themselves; but, in general terms, no one is competent to cure a disease, unless he have the power to detect the seat and character of the morbid action he professes to treat. Every dabbler in medicine knows that quinine is a prominent remedy in the management of ague; yet to distinguish malarial chills from other morbid features resembling those of ague, may require considerable experience and diagnostic acumen. If a patient be asked what ails him, he does not give his symptoms in detail, but a ready-formed diagnosis; among those who have had chills or rigors, the belief is common that they are suffering from the ague, and that they should take quinine. It would be fortunate for the medical practitioner if all phases of disease were as easy to diagnose as ague, and that remedies as specific as quinine were known to the profession. Unfortunately, however, the phenomena of disease are so complex and variable, that to seek a remedy which shall exert a marked and *specific* action upon the morbid symptoms, requires the highest order of mental qualities. Medical men are rarely situated so they can carry on a series of well tested experiments and observations. If a physician have

large practice he has little time to test the fullest action of a remedy under varying circumstances,—he cannot wait long enough to make careful discriminations. On the other hand, if he possess little practice, he has not the field and opportunities to execute an extended scheme or finding out the action of remedies in a variety of morbid phases. A practitioner may observe, for instance, that pain in the stomach and bowels is removed quite often by the administration of nux, yet there are exceptional cases in which the remedy produces no appreciable result. If it be admitted that the remedy is all that could be desired in nine cases out of ten (an extravagantly large proportion), how is the cure for the tenth case to be ascertained? By experiment, of course, for that is the way the value of all remedies is found out. But, it may be argued, it takes too long to discover the powers of a remedial agent in this way—the disease would get well of itself, or pass out of the experimenter's hands, before any rational solution of the matter was reached. Very well: it was found by *experiment* that nux relieved nine cases out of ten, and there is no other way to reach a remedy which will favorably affect the tenth case. A solution of the problem is not achieved by chemistry, physiology, nor pathology; but by tentative empiricism! This seems to be a humiliating acknowledgment, considering how much some boast of *scientific* labor, yet if there be no better way than this, why despise it? This is the only way of arriving at specifics in medicine; and great progress has already been made by this method. There are several recently discovered specific remedial agents, but not all in the profession are wise enough to see the peculiar morbid condition requiring the remedy. In some instances the depicted symptoms requiring a particular remedial agent, may have been so difficult to understand, that the bewildered practitioner is tempted to go back to old methods—to “general principles,” giving emetics, cathartics, opiates, and alteratives, until the patient dies or gets well. That kind of practice is so loose and indefinite that a stupid doctor can move along with a stately bearing, and perhaps never suspect but what he is the embodiment of science!

H.

---

### “Manly Vigor.”

If an opinion were to be formed from quack advertisements in regard to “manly vigor,” it undoubtedly would be that there had been a second “fall of man,” the last being worse than the first. Then, again, how fortunate for the race that such an abundance of “doctors” exist who can “restore lost virility,” medical apostles sent to save a ruined world!

Well, how are these evils to be averted? Or is there a remedy for the nuisance? Educating the people, if instruction on the subject hinted at were practicable, might do some good, but the “education” is chiefly in the wrong direction. Quack advertisements ask the reader to send a postage stamp, and thus secure an illustrated book on “premature decay,” etc. The dupe, thirsting for a knowledge of the mysterious, forwards the trifling fee, and gets a pamphlet filled with stuff calculated to fan prurient desires, and to frighten a big fee out of those who have parted with semen a few times in a harmless manner.

But the "education" does not end with the pamphlet,—the victim is invited to visit the "museum" of the quack, where he may, if he bring the advertisement with him, and register his name and P. O. address, enjoy a free exhibition of "wax models" depicting disease, etc.—the finest works of the kind in America—imported from France at great expense!

Now, the wicked and the weak thus come in contact, and the result is as might be expected,—the one is fleeced to sate the greed of the other. Nothing will break up this abominable traffic, but a wise system of legislation which shall aim at every device of the cunning charlatans. Every year a new set of sperm dribblers come into existence, or advance to that state which leads them to read these disgusting advertisements, and they have not sense enough to escape such lures, therefore the law, which pretends to protect the weak and the unwary, should interpose in behalf of imbeciles of the kind referred to.

Our rigid postal laws have done something towards repressing the vile type of quack nuisances, yet the result has not been what might have been expected, for the ingenious tricksters have modified their literature so it shall barely evade the law. Some of these "authors" have laid great stress upon 'science,' as if they worshipped devotedly at that shrine. They have the effrontery to copy illustrations from legitimate professional works, and to quote from notable authors. In many instances these parasites are graduates of reputable colleges, and boast of the diplomas hanging in their offices.

Well, this may seem like scolding at a medical excrescence,—a cancer upon the body politic, which we do not possess the power to remove, and therefore take it out in scolding! The history of medicine shows that quacks of all kinds have flourished in every age and country, therefore what do we expect to accomplish by publishing this onslaught upon medical vampires? Simply nothing. They care naught for us, so they make money; and we care as little for them, so they do not call themselves *Eclectics*. Some of them may take our journal, and pay their subscription fee with commendable promptitude; but we do not know the fact. We would not touch their ill-gotten gains if we knew them when they were received! But as they always send clean money, it goes into the till and no questions are asked. If other pious journalists are no more discriminating than we claim to be, the quacks can get all the fine medical literature they want. Yet one thing is certain: they cannot graduate at the Institute, if it be known that they contemplate restoring "Lost Manhood."

---

### "Is Leprosy Contagious?"

Under this head Dr. Macnamara, late of Calcutta, and other physicians of India, have been collecting facts in regard to the contagious character of leprosy. Dr. Anderson remarks: "The causes of leprosy are the influence of marshy effluvia; bad and insufficient diet; sleeping in close, damp, and badly-ventilated houses; or hereditary taint; and in some cases direct inoculation. These in certain constitutions would appear to be the prime causes of *true* leprosy."

On the subject of treatment he remarks: "We must have control over the parties, otherwise our attempt will be abortive. As regards diet, the Chinese are exceedingly obstinate; they will have salt fish and pork, with salted vegetables in a state of putridity. The other native races are more amenable to reason in this matter; and I may observe here that in the treatment of leprosy *diet is of the greatest importance*. The leprosy, identical with the disease under consideration, prevalent in Europe during the middle ages, and common then in our country, has almost disappeared, no doubt owing to an improved sanitary condition and better diet; and I see no reason to doubt that ip time we shall find it as rare in the east, as it is now in Great Britain."

In a letter from the British consul-general at Honolulu, occurs the following: "The disease does not spread from the lepers to the non-lepers. It is the opinion of Dr. Bett that the disease of leprosy, as he saw it at Malokai, was quite separate and distinct from secondary syphilis, and yet there was an unusual amount of syphilis among it, and, as he presumes, predisposing to it."

"With regard to the evidence that the disease can be spread by sexual intercourse, some curious exceptions exist. One woman had been successively the wife and concubine of four different lepers, during the last nine years, who had all died. She is now living with the fifth, who is unmistakably a leper. During this time she has been impregnated seven times, miscarrying each time; yet there was no visible sign of leprosy upon her."

Two other women whom the doctor saw, had been living over four years as the wives of lepers, and yet he could detect no trace of the disease upon either of them.

---

In the *Gazette Hebdomadaire*, No. 11, 1876, may be found the following suggestions and statements. It is well known that lionesses, in captivity, bring forth, in many instances, young which suffer from cleft-palates. At the *Jardin de Plantes* a lioness was in the habit of throwing litter after litter of cubs with cleft-palates, until it was found that the substitution of a more bony diet, in the shape of whole rabbits, during gestation, for the more refined food which the Society provides, had the effect of remedying the fault. In the same way it appears that the nourishment provided by nature for the lords of creation is not the best suited for some of his inferiors, and that even for him, under some conditions, a coarser diet is often beneficial. The notion of feeding children on dog's milk is not a pleasant one; the objection is, of course, sentimental; and might not an artificial food answer as well? It is the custom among the women of Monttrun, in Dauphine, to continue suckling for two years and a half or three years, with the idea of preventing another pregnancy; and if the infant dies, the mother either adopts another, or takes a puppy into the family to carry on the process. All these puppies suffer from rickets, which resembles exactly the rickets of children, except that the deformity is never afterwards remedied. These observations, and the fact that the deformed puppies always recovered under the influence of their own mother's milk, induced M. Bernard to submit a rickety female child of

twenty-six months, to the dog's-milk cure. A powerful bitch was provided to act as wet-nurse for this child, and after from two to three months of this new method of imbibing nourishment, the swelling of the epiphyses and the bending of the bones had notably diminished, the muscles were stronger, and the child, at the end of this time, could stand and take a few steps. The health of the patient at the end of one hundred days was extremely good, a slight curve of the sternum, being the only remains of the deformity, and the cure was permanent. He has adopted the treatment successfully in six other cases, and he expresses the belief that it will give encouraging results.

---

THIS is the time of year when we are receiving numerous letters from those who contemplate studying medicine with us during the coming sessions. To those whom we have not otherwise answered, we would say, come right along at the beginning of the Fall and Winter term; and we will assure you that the step will never be regretted on your part. The Old Institute has a full corps of experienced and popular teachers. "There is no sound system of medicine which does not advance; that which stands still has begun to retrograde."

---

PROF. SCUDDER will sail from Liverpool Sept. 9th, and *Deo Volente*, reach New York, the 18th, and Cincinnati the 20th of the month. His letters from abroad will be read with interest and profit. Dr. Scudder does not go into ecstasies over common things, but looks at them as they are, allowing the reader to draw on his own imagination for sentiment.

---

### BOOK NOTICES.

LECTURES ON ORTHOPÆDIC SURGERY AND DISEASES OF THE JOINTS.  
By LEWIS A. SAYRE, M. D., Professor of Clinical Surgery at Bellevue Medical College and Hospital, etc. D. Appleton & Co., New York.

By a division of labor the greatest success is attained,—more is accomplished, and the work is done better. Surgery as a whole is a branch of medicine; and then this grand department is subdivided so that several distinct divisions appear. Diseases of the eye have been a specialty for half a century; and orthopædic surgery about as long. These are branches or subdivisions of general surgery; and the degree of perfection they have attained shows what notable advancement may be made when the educated and zealous mind is devoted to a single object, or to the elaboration of a department of surgical study.

Although the 'lectures' of Dr. Sayre constitute an extensive monograph upon orthopædic surgery and diseases of the joints, the subjects treated are as specially and generally handled as they would be in a treatise upon this department of surgery. Every topic written upon is discussed practically and philosophically; and affords a high degree of satisfaction whether the reader wholly agree with the author or not.

What the aspiring surgeon most desires is an opportunity to make practical application of principles considered and of theories entertained. A medical man may have a surgical inclination, yet if he can see only one club-foot deformity, or a single case of hip-disease, in a year, how is he going to make much headway in orthopædic operations? If the one case recover nicely he may assume undue credit for his skill; and if it dies, he may be unreasonably discouraged.

Dr. Sayre was a talented young physician twenty-five years ago in the city of New York; and he gave special attention to human deformities from the first in his professional career. Then the vast opportunities in a large city for observation and experiment, were zealously seized upon and made the best of. Any one who saw Dr. Sayre at work a quarter of a century ago, might have easily predicted that he would in time accomplish something creditable to himself and to the profession. There was something palpably promising in his pleasant yet earnest features. He was destined to reach a place above the common level.

The illustrations in the work are bountiful, and very creditably executed by the artist. In some instances a deformity is shown in one picture, and then the effect of an operation in another by its side; and not unfrequently the contrast is so unreasonably in favor of the treatment, that the reader is reminded of pictures in medical almanacs, where an individual is represented in a shockingly dilapidated condition "before taking," in order to contrast well with a comely appearance "after taking." How an exceedingly broad foot with eight or ten deformed and distorted toes, could be converted into a narrow and handsome foot with five shapely toes, each having the relative portions, is a little too much for one possessing even a large amount of credulity. Such a representation is on page 24.

While alluding to the causes of talipes the author does not place importance enough upon the nervous system as a primary disturbing element, but generally attributes club-foot defects to the muscular system. It is well known to common observers that children with straight eyes and feet may go into a convulsion, and come out with strabismus or talipes. The muscles in these cases have not changed in a twinkling, but the nerve-force which keeps antagonistic muscles evenly balanced, has been prevented from exerting or imparting its influence evenly,—too much goes to flexor muscles, and too little to extensors, or *vice versa*. Parasites in the intestinal canal may have been the exciting cause of the convulsion.

The 'Lecturer' would have the treatment of talipes commenced as soon as the child is born and washed, yet what obstetrician has not observed that two infants out of every three exhibit more or less talipes varus at birth? And he has also observed, that as the child develops, and especially when it begins to walk, the deformity disappears. I was once called to the country to operate upon a child three or four weeks old, which displayed so much talipes varus in both feet, that the grandfather—a physician—was completely deceived in the matter. Upon examination of the child's feet, I stated that I would make the journey and operate for nothing at the end of a year, or when the child had walked for a few weeks, if there was any thing then that demanded an operation. The child never had any thing done for its "club-feet," and now, at the age of four years, it walks with as square or straight feet as any child.

It is not a little surprising that Dr. Sayre recommends an apparatus for treating talipes which does not reach above the knee. While there may be instances in which the leg is plump, firm, and natural, and therefore in a condition to have the deformed foot below treated with an apparatus which need not come much above the ankle, a majority of all cases are so distorted in the leg, as well as the foot, that the apparatus should extend upon the lower third of the thigh, and have hinges at the knee.

Under the head of "dressings after tenotomy," the following directions are excellent: "After division of any of the tendons or fascia for the relief of the different distortions of the foot, and hermetically closing the wound, bring the foot *immediately* into its natural position, or as nearly so as can be done, and retain it there by the following dressing:

"Cut a thin board (the top of a cigar-box answers very well) into the shape of the sole of the foot which is to be dressed, only a little longer, and square at the toe.

"Then take a piece of strong 'moleskin' adhesive plaster, as wide as the board, and long enough to cover both sides of the same, and to reach some inches above the knee.

"Apply the adhesive side of the plaster to the board, commencing at the anterior extremity of the upper surface, passing backward over the posterior extremity of the board, and under the same to its anterior extremity; the remainder of the strip is subsequently to be applied to the anterior surface of the leg.

"The foot is then placed on the board, and secured at the heel by a strip of the same adhesive plaster, passed over the ankle, and around the heel-part of the board, and additionally secured by a well-adjusted roller, which also extends above the ankle. The foot is now brought into its natural position, and the adhesive plaster is firmly drawn up and secured to the leg by a continuation of the roller; the superfluous extremity is to be reversed, bringing the adhesive surface outward, and the roller, carried back over it, will be more firmly retained in position.

"If the foot has a tendency to valgus, another strip of plaster is made to nearly encircle it, and is drawn upon the inner side of the leg to correct the deviation, and secured by a roller-bandage. If the deformity is a varus, of course this last strip of plaster is applied in the opposite direction, and secured in the same manner. I have found that this simple dressing answers much better than 'Stromyer's foot-board,' or any other complicated form of apparatus that I formerly employed. It is simple, inexpensive, and effective. It is a plan of treatment that can be adopted in the country, without being obliged to send to the city for some kind of machinery, and is far better for the reason that, in a majority of cases, if you send to the instrument makers, they will send you an apparatus that will require the services of a special engineer to adapt it to the case, and then operate it."

While there are several important points in the practice of Dr. Sayre that are faulty, or are far from commendable, as a whole the work is superior to anything of the kind thus far published. The 'lecture' style of the author is not agreeable.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS.  
By ROBERTS BARTHOLOW, M. A., M. D., Professor of Theory and  
Practice in the Medical College of Ohio. D. Appleton & Co.

The above work has been expected for a year or more; and upon its coming, its exterior, at first sight, does not reach the tip-toe of expectation. There is a feeling of disappointment upon viewing the book which takes off the keen edge of relish. Probably it is because most other works of the kind are larger; and the natural inclination is not to look for smaller things as we advance. The size of the type and page is exactly that of this Journal; and the number of pages does not equal that of a year's issue of this periodical. This comparison is made to let the purchaser know what he is going to obtain for his money, though size in a book is not what satisfies, but quality.

It is perhaps well enough to say for the instruction of readers who may not be acquainted with the character of the author under consideration, that Dr. Bartholow enjoys an enviable and lucrative practice in Cincinnati; and that he is the life and soul of the Ohio Medical College. Should anything serious happen to this shrewd manager, the old institution which has more than once suffered from marasmus, would be in danger of going to pieces.

The literary style of the author, judging from this book, is creditable, but not captivating. As a controversial writer Dr. Bartholow is bold and attractive, but as the producer of a treatise he is never spirited. His sentences and paragraphs are short, yet not as if to be terse and epigrammatic, but as if it were not easy for him to write fluently and elegantly. There is no philosophy in his statements, and no rhythm in his flow of words.

Now for the "true inwardness" of the book: While displaying the "routes by which medicines are introduced into the organism," the writer errs in stating that the rectum does not tolerate enemas well. Patients with distress in the genito-urinary organs can be relieved very quickly and satisfactorily by injections of laudanum mingled with solutions of starch or other mucilage; and this process for allaying pain may be kept up for weeks or months, without any complaint being made. Pain in the kidneys may be allayed at once by a laudanum and starch enema, and little opiate impression will be made upon the brain.

The section devoted to *Aliments* contains little not already presented in a variety of text-books, popular and scientific; and while a large number of dietary articles are enumerated, the place where they will do the most good is not indicated. The comparatively inexperienced practitioner needs more than the mere mention of dietary articles,—he wants a hint or suggestion in regard to the kind of food for a special aliment, just as he does in reference to the choicest remedy; he needs more than loose general principles. Most diseases of the alimentary canal can be improved or cured by a skillful dietary course; but Dr. Bartholow has done little towards enlightening the medical profession upon this eminently important topic.

The author's views in regard to the use of the mineral acids are generally sound, and evince a degree of experimental knowledge which commands respect; and equally positive opinions are expressed upon the indications for the employment of alkalies.

Phosphorus is placed in a prominent position among those remedies which favor "constructive metamorphosis." Arsenic, as it deserves, is placed even higher. The author is evidently an admirer of those medicines which favor nutrition; and a rare prescriber of those agents which have been reckoned as vital depressants, or promoters of "destructive metamorphosis." In some respects he is ahead of many Eclectics, though they should not have allowed themselves to be out-done in their own boasted field of labor. It was a misfortune that arsenic was ever placed among vital depressants, with mercury, antimony, and blood-letting, for in a therapeutic sense it has no relation with them. Prof. Bartholow denounces the indiscriminate use of mercury in terms as severe as were ever employed by the old haters of the remedy; and he is scarcely less sparing of his denunciatory epithets when speaking of venesection. It is doubtful if allopathic reviewers will sustain the author in his raid upon these old landmarks, but that is no battle of ours. We are glad to come in possession of statements, high in authority, which corroborate in the main all that we have alleged in regard to the deleterious effects of mercury upon the human organism. It is refreshing to meet with an influential allopathic writer and teacher who volunteers to do justice to our cause. How his brethren will relish being called "ignorant and beighted" for using mercury when it would do no good and much harm, remains to be seen. The champions of mercury have become partisan in their praise of the remedy; and those who are opposed to the drug have not conducted the controversy in a spirit best calculated to evince the truth.

The author entertains intelligent and rational views in regard to the therapeutic properties of iron, cinchona, the iodides, and the bromides. He has used the two latter in larger doses than any other practitioner, though in general he is not an advocate of heavy medication. When he claims that he can produce marked effects with the twentieth of a grain of calomel, he is on the border of the doctrine held by our infinitesimal brethren.

Prof. Bartholow has given some prominence to several vegetable remedies that do not occupy conspicuous places in the *United States Dispensatory*; in other words, he has encroached upon Eclectic ground, and that, too, without contributing much which is valuable. He says that "the so-called *stillingin* of the Eclectics is not the active principle (of the plant), but an extract. The active principle has not yet been isolated; and he thereby shows that he does not understand what leading Eclectics think of "*stillingin*" and its pretending makers. Prof. Bartholow very properly praises the valuable therapeutic powers of *digitalis*; but he does not do justice to the best American preparations when he declares that "English *digitalis* should alone be prescribed." While it is admitted that the English grown herb comes to us in the most reliable form for making strong tinctures and extracts, the wild-grown *digitalis* of New England, if at the proper age, and skillfully cured, is as active and peculiar in its medicinal effects as that brought from abroad. The so-called Shaker *digitalis* is a cultivated plant, and not worth much as a medicine.

While upon the subject of opium the author formulates as follows: "As a rule, opium does harm in all gastro-intestinal maladies, in which there is

a deficiency in the proper secretion, or a suspension of the functions of the liver and kidneys." But this like other rules based upon observation, has its exceptions. Besides, it is often impossible to determine when there is deficiency in the 'proper' (*hic*) secretion of an organ. In therapeutics it is easier to write out a rule, than it is to properly apply the same.

Under the head of aconite may be observed the following paragraph, which is not in good temper and taste, especially when homœopathy is more than tolerated in the best social circles: "The monopoly by homœopathic practitioners of the use of aconite has aroused a prejudice against it, which has discouraged its employment. Aconite is, however, an antagonist to the fever-process; it is not applicable in accordance with the so-called law of similars. It is used by those quacks because it is a powerful agent which will produce manifest effects in small doses, that may easily be disguised."

In the list of anthelmintics is ranked pomegranate, which, according to the author's experience, is an efficient tœniacuge. But the quantity recommended will not ordinarily expel the worm. Prof. Locke, who first made known to the profession the *quantity* of the medicine necessarily required to be efficient, says that "two ounces" of the bark will not accomplish the desired purpose.

Among topical remedies should have been mentioned "dry heat," which through the agency of heated crockery plates, is one of the best of means to allay pain in the thorax and abdomen. Poultices and fomentations are valuable in their way, especially when suppuration is to be hastened, but for alleviating distress in the abdomen they are not to be compared with "dry heat." One plate can be heating while another is applied. So that continuous effects can be maintained without much trouble.

In conclusion it may be said that the book possesses so many good things, it is to be regretted that there are not more. The author has left a fine opportunity to extend and expand in future editions. H.

---

"*Des Lourdes a demeure et du conducteur en baleine*, par le DR. A. AMUSSAT," 15pp. with 17 figures; and "*Memoires sur la galvano-caustique thermique*, par le DR. A. AMUSSAT, fils." 128 pp. with 44 figures. Paris, G. Bailliere, 1876.

These French works,—the first, explanatory of means to be employed for procuring a route through the urethral canal in difficult cases of retention of urine from various causes; the second explanatory of the galvano-caustic means for destroying soft parts, cauterizing fistulæ or sinus openings, and obtaining the retraction of the walls of relaxed canals, as, hemorrhoids, urethral vascular tumors, nævi, epithelioma, etc.,—will be found very interesting and useful works to those of our readers who read French publications. The high position and standing of the author render any farther remarks from us concerning these works unnecessary.

---

MARRIED—In Aurora, Ills., August 8th, 1876, at the residence of the bride's mother, by Rev. John L. Jackson, HENRY G. GABEL, M. D., and Miss ELLA M. OLDS, both of Aurora.

WM. S. MERRELL & Co., of Cincinnati.—The pharmaceutical preparations of this firm have been approved by the medical profession for a period of nearly thirty years. Their more recent remedies, prepared from *green roots* (the list of which is being constantly enlarged), are meeting with especial favor from physicians of all schools. In addition to the standard Green Tinctures of Gelsemium and Veratrum, which have long been in the hands of the profession, they now offer Green Tinctures of Aconite, Macrotys, Gossypium (bark of root), Collinsonia, Phytolacca, and many others. Their Fluid Extract of Epilobium Palustre is an invaluable remedy in chronic diarrhoea and dysentery, and should be carefully tested in these diseases.

Most leading wholesale druggists keep the specialties of W. S. M. & Co. in stock; and a general assortment of their Resinoids and Alkaloids, Fluid Extracts, Sugar-coated Pills and Granules, Elixirs, Ethereal Oils, etc., may be obtained in the cities of Chicago, St. Louis, Indianapolis, Cleveland and Pittsburgh.

Physicians who prefer to order from wholesale druggists of other cities, should be careful always to specify, "Wm. S. M. & Co.'s preparations."

A complete list and price current of all their preparations has just been published in pamphlet form, which will be sent free to any one, on application to Wm. S. Merrell & Co., No. 5 West Fifth St., Cincinnati.

---

**For Sale.**—Office fixtures and other personal effects in a city of nearly twenty-five thousand inhabitants, with a practice of 2,500 to 3,000 dollars thrown in. Price fifteen hundred dollars cash. Reason for selling, ill health. Fine opening for a young surgeon. Address J. M. SCUDDER, Cincinnati, for address of location.

---

**For Sale.**—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address

DR. J. S. BARTON,

Vera, Fayette Co., Ill.

#### RECEIPTS FOR JOURNAL TO AUGUST 25.

H C Dobbs 2, D B Huddleston 2, J N Percell 2, Geo Hinkle 2, T Hodge Jones 2, G W Musso 2, C B Eddy 2, Mrs J G Ewan 2, J N McGill 2, B C Sickles 1, F N Morton 2, Thos J Pitner 2, F A Hamilton 2, J H Bradley 1.50, Samuel Clark 2, B S Medlock 2, Robt W Sharp 1, W H Hurst 2, Berland & St Clair 2, L P Torrence 2, C B Goodrich 2, E A Squire 2, Jno Schreck 2, S Gaskins 2, M M Prentiss 2, A D Bundy 2, Ellen Haines 2, A C Haines 2, G L Salesbury 2, O J Duff 2, W R Lovelace 2, J W Galloway 2, C F Pascal 2, W H Willhoite 2, J W Alford 2, A H Pillsbury 2, Riggs & Van Hook 2, J Hulbert 2, G W Biggers 2, W C Brittain 2, E A Hantz 2, J H Mitchell 2, C W Hansen 2, H F Dunlavy 2, L R Howard 2, J R Walker 2, J Stanbro 2, R J Prints 2, J Dinsbeer 2, W C E Martin 2, G D Kugler 2, H R Kelley 2, Jno A MacDonald 2, M R O'Connell 1, D H Bartine 2, H M Cox 2, F E Whittaker 2, W W Royal 2, F M Rich 2, F A Johnston 2, S Rinehart 2, J H Mitchener 2, E A Wilcox 2, John Roberts 2, A B Stewart 2, O P Cranes 2, G W Brown 2, W W Brown 2, J Hager 2, J A Vale 2, C B Powell 2, A L Dornbury 2, J Foreman 2, Jno I Herrick 1, G L Tinker 2, Jas McCully 4, Jacob Smiser 2, L Fraser 2, C S Huntington 2, H L Mathews 2, Dan Wolf 2, Chas Davis 1, W E Cole 4, M Rowe 2, M L Doom 1, Richard Williams 2, N M Carter 2, B D Buxton 2, Jas Small 2, Hardy Wray 2, Elder Garbett 2, Stanley Scott 2, H B Laffin 2, E S Moore 2, J S Riddles 2, J F Hammond 1.50, W B Dunsing 2, Thos G Welch 2, J C Hulbert 2, J A Munk 2, J A Wray 2, J B Tucker 2, D H Arthurholt 2, Jno Odell 2, H L Weaver 2, A Hewett 2, O A Fitts 2, T J Wright 2, Ed Behymer 2, S C Lacy 2, A Ford 2, A S Campbell 2, J N Dark 2, B W Clark 2, S A Harter 2, W L Guin 2, C P Cathcart 2, O Barron 2, J O Kalb 4, A N Woodruff 2, W McMullen 2, David Mock 2, F M Bussard 2, J L Tucker 2, J A Sims 2.

# THE ECLECTIC

## Practice of Medicine For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

### MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

Hard Wood Mantels, Doors,

Counters, Interior Wood Work,

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

## LACE CURTAINS

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI:

Send for Catalogue.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

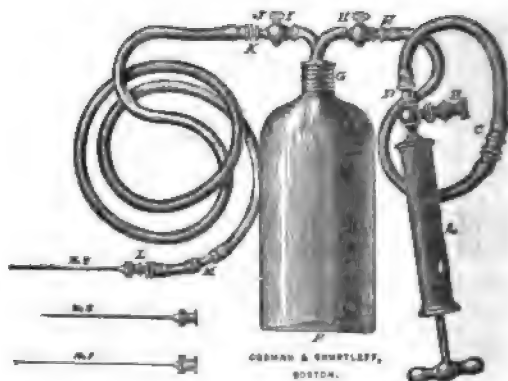


FIG 68.

## DESCRIPTION.

**A**, Brass Air Pump. **B, C**, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The Chamber, **C**, is reversed by turning it with the tube end for end. **D, E**, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, **H**, as required. **F**, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, **G**, making an air-tight joint by means of rubber packing. **I**, Fluid Cock. **K, L**, Metallic Couplings. **M**, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Petit's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

### 3. The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

4. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.

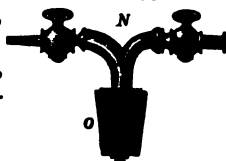


FIG. 69.  
The Stopper and  
Cocks supplied  
with Apparatus  
No. 2.

## PRICES OF APPARATUS.

<b>No. 1. Air Pump</b> —exhaust or condensing as described; 16 oz receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions.....	18.00
<b>No. 2. The same</b> , without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions.....	16.00
<b>No. 3. Dieulafoy's Neighed Aspirator</b> , Nickel-plated, with two Needles, tubes, etc., in case.....	14.00

<b>No. 4. Stomach Attachment</b> , as described, adapted to pump accompanying Nos. 1 and 2, additional.....	8.00
For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add.....	1.00
Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each.....	2.00
Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above.....	6.50

*The foregoing are the product of our own factory, and are warranted in every respect.*

**Dieulafoy on Pneumatic Aspiration**, post-paid, on receipt of.... 3.40

## CODMAN & SHURTLEFF,

Makers and Importers of Surgical Instruments of every description.

13 and 15 TREMONT STREET, BOSTON.

Send Catalogues of Surgical Instruments on application.

N. B. See our other advertisement in alternate numbers of this Journal.

# H. H. HILL & CO.,

WHOLESALE DEALERS IN

## Drugs, Liquors, Medicines, AND CHEMICALS, BARKS, HERBS, ROOTS, ETC.,

Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.

FRESH VACCINE VIRUS Constantly on Hand.

---

CHAS. C. REAKIRT.

[SAM. J. HALE

JOHN J. JUSTE

## REAKIRT, HALE & CO.

WHOLESALE DEALERS IN

## Pure Medicines, Chemicals & Drugs

### And Liquors for Medicinal Purposes,

### 99 WALNUT STREET,

### Cincinnati, O.

WE HAVE NOW

## CASTILE SOAP MADE OF PURE OLIVE OIL,

And will henceforth keep a supply constantly in stock

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Enphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

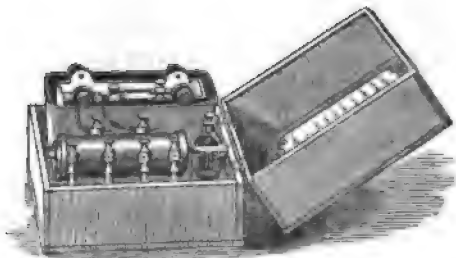
## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use.  
Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST**

**N. W. COR. COURT AND CUTTER STS.**

**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

**All articles furnished of the best quality, and no pains spared to give satisfaction.**

**Prices as low as those of other reliable houses.**

---

**Fractures and Dislocations.**

**BY A. J. HOWE, M. D.**

***Professor of Surgery in the Eclectic Medical Institute.***  
**SECOND EDITION.**

**Will be sent by mail free of postage, on receipt of the price, \$1.00.**

**Address**

**JOHN M. SCUDDER,**

**228 Court Street, CINCINNATI.**

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homœopathy, Eclecticism, The Physician, The Practice of Medicine, Quackery.

**PART I.**—*Anatomy and Physiology.*—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Pareulogy, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.**—*Hygiene.*—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquor as a Cause of Disease.

**PART III.**—*Medicines for Family Use.*—Use of Medicines, Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.**—*Management of Accidents and Injuries and Surgical Diseases.*—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Files, Fistula in Ano, Chronic Disease of the Loins, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.**—*Diseases and their Treatment.*—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Billious Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid, Vaccination, Chicken Pox, Measles, Scarlet Fever, Spotted Fever, Diphtheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhœa, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.**—*Notes on Nursing.*—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advices, Personal Cleanliness, Observation of the Sick, Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.**—*Diseases of Women.*—Amenorrhœa, Dysmenorrhœa, Menorrhœgia, Leucorrhœa, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anteversion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.**—*Care and Management of Children.* The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opium, Moral Government, Earliest Intellectual Education.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST**

**N. W. COR. COURT AND CUTTER STS.**

**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

All articles furnished of the best quality, and no pains spared to give satisfaction.

Prices as low as those of other reliable houses.

---

**Fractures and Dislocations**

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*

**SECOND EDITION.**

Will be sent by mail free of postage, on receipt of the price, \$1.00.

Address

**JOHN M. SCUDDER,**

**228 Court Street, CINCINNATI.**

**DO YOU WANT  
A VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

**THEN BUY**

**King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

Address

**JOHN M. SCUDDER,**

Cincinnati, Ohio.

---

**ROBERT CLARKE & CO.,**

**Publishers, Booksellers, Stationers  
AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cake and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,

54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

BY JOHN M. SCUDDER, M. D.

SIXTH THOUSAND.

REVISED AND ENLARGED EDITION.

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# **B. KEITH & CO.'S**

## **Pure Concentrated Medicines,**

### **CONCENTRATED TINCTURES, Etc.**

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### **CONCENTRATED TINCTURES,**

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

#### **VACCINE VIRUS.**

10 Ivory points, Cow-pox Virus, charged on both sides,.....\$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

#### **HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.**

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

---

---

## **SPECIFIC DIAGNOSIS.**

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

**JOHN M. SCUDDER, Cincinnati, Ohio.**

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

# **B. KEITH & CO.'S**

## **Pure Concentrated Medicines,**

### **CONCENTRATED TINCTURES, Etc.**

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### **CONCENTRATED TINCTURES,**

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

#### **VACCINE VIRUS.**

10 Ivory points, Cow-pox Virus, charged on both sides.....\$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

#### **HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.**

By B. Keith, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

41 Liberty St., N. Y.

P. O. Box 1750.

---

---

## **SPECIFIC DIAGNOSIS.**

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

**JOHN M. SCUDDER, Cincinnati, Ohio.**

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED,

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"

"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC

MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL

TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

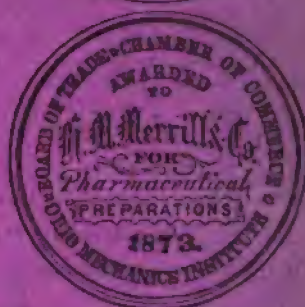
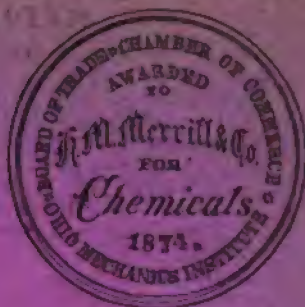
1873.

LITTLE BUT GOOD.

WARRANTED NOT TO RUN OFF AT THE BOWELS.

SENT BY MAIL FOR \$2.50.

# Physicians' Head Quarters.



H. M. MERRELL.

ABNER THORP.

T. C. THORP.

## H. M. MERRELL & CO. Manufacturing Chemists and Pharmacutists,

CORNER COURT AND PLUM STREETS, CINCINNATI, O.

We would again return our thanks to the Profession for their liberal patronage during the past. We present ourselves with the following acknowledgments for a continued patronage.

We make and sell only pure Drugs, guaranteeing all we offer, and upon this platform stake our reputation.

We were one of the first houses in the country to introduce and prepare valuable remedies peculiar to the Reformed Practice, and for twenty years have been identified as manufacturers.

We do the largest Physicians trade of any house in the Western Country, and by custom, extent and familiarity of business are best able to respond to every Physician's want.

We deal in nothing that is not reliable, and in our Fluid Extracts, Concentrated Tinctures and Specific Medicines; offer Preparations that are unequalled in purity, strength and reliability.

In addition to our manufactures we keep a complete assortment of all wanted by Physicians of all schools, including Foreign and Indigenous Medicines, Shop Furniture, Glassware, Instruments, &c., all guaranteed to be the most reliable quality.

Our Terms are Cash. The money can be sent with orders, or we will send goods by express, to be paid for at the express office on delivery.

**SIXTH EDITION JUST ISSUED.**

**SPECIFIC MEDICATION**

**AND**

**SPECIFIC MEDICINES.**

**REVISED,**

**WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.**

**AND A**

***Report of Cases Illustrating Specific Medication.***

**BY**

**JOHN M. SCUDDER, M. D.,**

**PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.**

**SIXTH ENLARGED EDITION.**

---

**CINCINNATI:**

**WILSTACH, BALDWIN & CO., PRINTERS.**

**1873.**

**LITTLE BUT GOOD.**

**WARRANTED NOT TO RUN OFF AT THE BOWELS.**

**SENT BY MAIL FOR \$2.50.**

# Price List

-OF-

## H. M. MERRELL & CO.

### Concentrated Powders.

	Per oz.
...from Tag Alder.....	\$1 00
...American Ivy.....	1 25
...Dogbane.....	1 70
...Pleurisy Root.....	1 80
...Wild Indigo.....	1 35
...Blue Cohosh.....	90
...Choke Cherry.....	1 40
...Balmory.....	1 75
...Pipissowa.....	1 75
...Colocynth.....	3 00
...Black Cohosh.....	75
...Dogwood.....	70
...Turkey Pen.....	3 00
...Ladies' Slipper.....	1 75
...Fogelov.....	1 75
...Wild Yam.....	1 75
...Corn snake root.....	1 00
...Wahoo.....	1 75
...Boneset.....	1 00
...Eupator. Agertoides.....	1 25
...Queen of Meadow.....	1 70
...Yellow Jessamine.....	2 75
...Cranesbill.....	1 00
...Am. Columbo.....	1 25
...Am. Ipecac.....	1 25
...Unicorn Root.....	2 50
...Mur.....	2 60
...Sulph.....	3 50
...Principles Combined.....	1 80
...Phosphate.....	2 50
...Hembane.....	3 50
...Blue Flag.....	1 00
...Jalap.....	3 00
...Butternut.....	90
...Lobelia.....	2 40
...Culver Root.....	70
...Yel. Parilla.....	1 75
...Bayberry.....	1 00
...Garget or Poke.....	1 25
...Aspen Poplar.....	1 20
...Wild Cherry.....	90
...Mandrake.....	70
...Waser Ash.....	1 60
...Sumach.....	1 00
...Yellow Dock.....	1 25
...Bloodroot (alkaloid).....	1 40
...do (combined).....	1 25
...Nitrate.....	2 00
...Sculicap.....	1 75
...Liferoot.....	1 60

	Per oz.
Stillingine.....	2 25
Trillin.....	1 25
Veratrine.....	2 25
Verbenine.....	1 25
Viburnine.....	2 60
Xanthoxilin.....	1 50

Put up in ounce bottles, 12 ounce boxes and 1 pound bottles.

### OILS.

Oil Lobelia.....	\$0 75
" Stillingia.....	80
" Xanthoxylum.....	60
" Capsicum.....	75
" Ergot.....	30
" Piper Niger.....	20
" Erigeron Can.....	25
" Erechites Hier.....	25
" Male Fern.....	75

### OLEO RESINS.

Asclepidin.....	\$0 50
Apocynin.....	50
Aletin.....	50
Eupurpurin.....	50
Iridin.....	50
Liatrin.....	50
Rhusin.....	50
Ptelein.....	50
Xanthoxyllin.....	50

The above form is a most excellent and reliable mode of use; but should always be triturated with Lactin or sugar or made into pill with soluble extract. In this manner they become more efficient and require less for a dose.

### Alcoholic and Common Extracts.

Our Extracts are Alcoholic and Common, they are made after the most approved processes, and up to the full standard in every particular.

They are put up in 1 pound jars, but will be sent in whatever amount desired.

### EXTRACT OF

Alcoholic Com.  
Fth Pth.

Absynthium.....	Wormwood.....	\$4 00	\$2 00
Achillen Mil.....	Yarrow.....	2 75	2 00
Aconitum.....	Aconite.....	4 00	3 50
Ambrosia Elat.....	Ragweed.....	2 75	1 75
Anthemio Nobilia.....	Chamomile.....	0 00	2 00
Apocynum.....	Bitter Root.....	3 75	2 00
Aralla Rac.....	Spikenard.....	3 00	1 50
Arnica.....	Arnica flowers.....	3 00	1 50

## MEDICAL BOOKS.

We will supply any book ordered. We quote a few connected with the Eclectic  
 American Eclectic Dispensatory, by John King.....  
 Physic Medical Surgery, by Wm. H. Cook.....  
 Lectures on Theory and Practice, by Alva Curtis.....  
 American Practice, abridged or family Physician, by W. Beach, revised edition  
 American Eclectic Obstetrics, by John King.....  
 Women and their Diseases, by John King.....  
 Diseases of Women, by John M. Scudder.....  
 Handbook of Medical Practice, by W. H. Cook.....  
 Compend of American Practice, by S. H. Potter.....  
 King's Chronic Diseases.....  
 Principles of Medicine, by J. M. Scudder.....  
 Pronouncing Medical Lexicon, by C. H. Cleveland, in cloth.....  
 Eclectic Practice of Medicine, by J. M. Scudder, M. D.....  
 Diseases of Children, by John M. Scudder.....  
 Young Stethoscopist, by Bowditch.....  
 Specific Medication, by John M. Scudder.....  
 Specific Diagnosis, by John M. Scudder.....  
 Scudder on Venereal.....  
 Dislocations and Fractures by A. J. Howe.....  
 Manual of Eye Surgery, by A. J. Howe.....

*Physicians' Pocket Medicine Cases.*

No. 1	Turkey Morocco, containing	12 three drachm and 36 one dr. vials.....
No. 2	do do	18 do do 12 do .....
No. 3	do do	20 do do vials .....
No. 4	do do	22 two do do .....
No. 5	do do	single row 12 three do do .....
No. 6	do do	containing 8 four do and 12 two dr. vials .....
No. 7	do do	24 two do .....
No. 8	do do	box case 20 two do do .....
No. 9	do do	containing 24 three dr. vials and 16 two dr. vials Scudder's Case.....
No. 10	do do	16 two dr. vials .....
No. 11	do do	portmouante style, 16 1½ drachm vials.....
No. 12	do do	containing 12 four dr. vials, 14 two dr. vials and 24 dr. vials. Dr. King's Case.....
No. 13	do do	do 10 four dr. vials and 18 one and one-half vials, when in the pocket the vials are all upright.

*Physicians' Saddle Bags.*

No. 1	Contains	10 three oz. and 18 one ounce vials, with slides.....
No. 2	do	8 do 14 do do do .....
No. 3	do	10 do 18 do do folding with flap for in- struments and 12 three drachm vials.....
No. 4	do	42 one ounce vials.....
No. 5	do	10 three ounce and 12 1½ ounce vials.....
No. 6	do	20 two ounces, glass stoppered bottles, with drawers and partments in top for sundries .....
No. 7	do	16 glass stoppered bottles, with drawers, and compartments top for sundries .....
No. 8	Buggy Case	contains 10 three ounces and 18 one ounce and 19 three dr. vials, with flap for instruments.....
No. 9	do do	6 two ounce glass stoppered bottles and 9 one oz. and 12 three drachm vials.....

N. B.—A sheet containing about 100 labels for marking small vials, attached  
 each case.



## FLUID EXTRACTS.

### Caustic.

and Carbonate of Potash, in two	
oz. bottles, per doz .....	\$2 00
and Carbonate of Potash per lb.....	1 00

## Compound Powders

	Per lb.
Order of Jalap Comp. Beach's Anti-	
Bilious Powder.....	\$1 00
Order of Ipecac and Opium Comp.	
Diaphoretic Powder.....	2 00
Order of Lobelia Comp. Emetic powder, 1 20	

Powder of Rhubarb Comp. Neutral- izing Powder.....	1 50
Powder of Bayberry Comp. Compa- sition Powder.....	40
Powder of Asclepias Comp. Mor- row's Sweetening Powder.....	40
Powder of Tamarine Comp. Mixture for Bone's or Gin Bitters.....	60
Powder of Populus Comp. Thomp- son's Spice Bitters.....	50
Powder of Camfrey Comp. Mixture for Restorative Wine Bitters.....	30
Powder of Deer's Horn, uncolined- Backbone Styptic.....	1 00

## BOTANIC MEDICINES.

The following list of articles in various forms, with their prices, will enable the purchaser to make out his order, so that he may come very near the amount of Cash necessary to send. The Indigenous roots, herbs, barks, etc., are sold by us crude, dried, crushed, ground, powdered and pulverized. We put up some of the pulverized articles in bottles for which we make an extra charge. We also pack them in quantities of 1 lb.,  $\frac{1}{2}$  lb.,  $\frac{1}{4}$  lb., adding the customary price for packing. Herbs, when ordered in quantities of several pounds in bulk will be charged lower than the quoted price, and in smaller papers than  $\frac{1}{4}$  lb. the extra price of cutting will be added. We want all our herbs as fresh and as neatly put up as those of any other house.

*Cr.*—Crushed, signifies crushed or coarsely broken up. *Gr.*, ground without sifting, to be used by infusion or infusion. *Pul.*, an impalpable or dusted powder. *Pd.*, packed or pressed in a package; when no such designation is added, the article is understood to be in its natural state.

[illegible]

[illegible]





Tartaric acid, soluble.....	per oz.	20	Oil Bk. Pepper.....	per oz.	10
Sodium peroxide.....	per lb.	60	Caraway.....	per oz.	30
Phosphoric acid.....	per lb.	20	Chamomile.....	per oz.	20
Quinine & Iodine.....	per oz.	60	Citronella.....	per oz.	15
Quinine (Monsel's).....	do	20	Cajuput.....	per oz.	20
Hyposulphite.....	per lb.	50	Rhodum.....	per lb.	100
Ascorbic acid.....	per oz.	50	Rose.....	1 lb 10 2 09	
Wetup Iodine.....	per lb.	75	Seneca.....	per lb.	25
Isobutyl.....	per oz.	85	Spice.....	per lb.	30
Tartaric acid.....	do	20	Tar distilled.....	per lb.	50
Per N. Solution.....	per lb.	60	Tobacco.....	per oz.	50
Per N. Iodine sol.....	do	75	Wormwood.....	per oz.	40
Salicylic acid.....	do	30	Ointment, Mercurial, half Mer.....	per lb.	100
Tannic acid.....	per oz.	50	Ointment, Mercurial, third Mer.....	per lb.	30
Valerianate.....	do	75	" all others of U. S. Dispensary.....		
Pyrophosphite.....	per lb.	100	Opium.....	per oz.	50
Standard Mercuric Iodine.....	per oz.	15	" poly pure.....	per oz.	75
Standard Mercuric Iodine.....	per lb.	20	" Eclair, McMonn's.....	per doz.	100
Standard Mercuric Iodine.....	do	20	Orange peel, ground.....	per lb.	30
Standard Mercuric Iodine.....	per lb.	100	Cyris root.....	per lb.	25
Standard Mercuric Iodine.....	do	20	Peppin, Baughton's.....	dry per oz.	75
Standard Mercuric Iodine.....	per lb.	100	" liquid.....	per oz.	75
Standard Mercuric Iodine.....	do	20	Pomegranate Peel.....	per lb.	75
Standard Mercuric Iodine.....	per lb.	100	Potassa, Liquor, U. S. P.....	per lb.	40
Standard Mercuric Iodine.....	do	20	" Arsenic, Fowler's Sol.....	per lb.	35
Standard Mercuric Iodine.....	per lb.	100	" Citrate.....	per lb.	100
Standard Mercuric Iodine.....	do	20	" Sulphite.....	per lb.	75
Standard Mercuric Iodine.....	per lb.	100	" Bisulphite.....	per lb.	100
Standard Mercuric Iodine.....	do	20	Piperina.....	per oz.	100
Standard Mercuric Iodine.....	per lb.	100	Pennis, Sheffer's.....	per oz.	80
Standard Mercuric Iodine.....	do	20	Potash, Caustic, white.....	per lb.	100
Standard Mercuric Iodine.....	per lb.	100	" Acetate.....	per lb.	70
Standard Mercuric Iodine.....	do	20	" Carbonate Salts, Tart.....	per lb.	25
Standard Mercuric Iodine.....	per lb.	100	" Bi-Carbonate Crystals.....	per lb.	60
Standard Mercuric Iodine.....	do	20	" Nitrate, Saltpetre, ref. pure.....	per lb.	30
Standard Mercuric Iodine.....	per lb.	100	" Chloride.....	per lb.	40
Standard Mercuric Iodine.....	do	20	" Sulphate, pulv.....	per lb.	25
Standard Mercuric Iodine.....	per lb.	100	Potash Chlor Chem. pure.....	per lb.	75
Standard Mercuric Iodine.....	do	20	Potass. Bromide.....	per lb.	90
Standard Mercuric Iodine.....	per lb.	100	" Iodide.....	per oz.	25
Standard Mercuric Iodine.....	do	20	" Permanganate.....	per oz.	25
Standard Mercuric Iodine.....	per lb.	100	Powders, Solids.....	per oz.	100
Standard Mercuric Iodine.....	do	20	" Soda.....	per doz.	200
Standard Mercuric Iodine.....	per lb.	100	Quassa, Resper.....	per lb.	15
Standard Mercuric Iodine.....	do	20	Quinine, Sul Powders & Weighman's.....	per oz.	50
Standard Mercuric Iodine.....	per lb.	100	" Valerianate.....	drachm	100
Standard Mercuric Iodine.....	do	20	Quinine, Cincho.....	do	100
Standard Mercuric Iodine.....	per lb.	100	" Quinidia, Sulph.....	do	175
Standard Mercuric Iodine.....	do	20	Red Precipitate.....	per lb.	100
Standard Mercuric Iodine.....	per lb.	100	Rhubarb Root, India.....	per lb.	100
Standard Mercuric Iodine.....	do	20	" pulv. pure.....	per lb.	100
Standard Mercuric Iodine.....	per lb.	100	Rhubarb, Turkey.....	per lb.	800
Standard Mercuric Iodine.....	do	20	Rochell Salt.....	per lb.	50
Standard Mercuric Iodine.....	per lb.	100	Salarine.....	per oz.	60
Standard Mercuric Iodine.....	do	20	Santonine.....	per oz.	90
Standard Mercuric Iodine.....	per lb.	100	Scammony, Virgin.....	per oz.	25
Standard Mercuric Iodine.....	do	20	Seed, Anise.....	per lb.	40
Standard Mercuric Iodine.....	per lb.	100	" Caraway.....	per lb.	40
Standard Mercuric Iodine.....	do	20	" Fennel.....	per lb.	25
Standard Mercuric Iodine.....	per lb.	100	" Fenugreek.....	per lb.	30
Standard Mercuric Iodine.....	do	20	" pulv.....	per lb.	300
Standard Mercuric Iodine.....	per lb.	100	Cardamom.....	per lb.	30
Standard Mercuric Iodine.....	do	20	Coriander.....	per lb.	30
Standard Mercuric Iodine.....	per lb.	100	Silver, Nitrate, Crystals.....	per oz.	100
Standard Mercuric Iodine.....	do	20	" Lunar Caustic, pure.....	per oz.	100
Standard Mercuric Iodine.....	per lb.	100	Silver, Nitrate, No. 1, (60 per c. sil).....	per lb.	100
Standard Mercuric Iodine.....	do	20	Soap, Castile.....	per lb.	80
Standard Mercuric Iodine.....	per lb.	100	" Soda, Carbonate, sal. soda.....	per doz.	30
Standard Mercuric Iodine.....	do	20	" Chlor. Sol. Labarques.....	per doz.	10
Standard Mercuric Iodine.....	per lb.	100	Soda Bicarb.....	per lb.	60
Standard Mercuric Iodine.....	do	20	" Sulphite.....	per lb.	20
Standard Mercuric Iodine.....	per lb.	100	" Hyposulphite.....	per lb.	20
Standard Mercuric Iodine.....	do	20	" Sulphate.....	per lb.	20
Standard Mercuric Iodine.....	per lb.	100	" Phosphate.....	per lb.	20
Standard Mercuric Iodine.....	do	20	" Bisulphite.....	per lb.	20
Standard Mercuric Iodine.....	per lb.	100	Spermaceol.....	per lb.	75
Standard Mercuric Iodine.....	do	20	Sponges, all kinds.....	do to 4 00	
Standard Mercuric Iodine.....	per lb.	100	Strychnia, Crystals.....	drachm	50
Standard Mercuric Iodine.....	do	20	Sugar, Milk, pulv.....	per lb.	85
Standard Mercuric Iodine.....	per lb.	100	Sulphur, Roll.....	per lb.	10
Standard Mercuric Iodine.....	do	20	" Sublimed.....	per lb.	15
Standard Mercuric Iodine.....	per lb.	100	" Vivum.....	per lb.	50
Standard Mercuric Iodine.....	do	20	" Precipitated.....	per lb.	60
Standard Mercuric Iodine.....	per lb.	100	Syrup Hypophosphites.....	per lb.	75
Standard Mercuric Iodine.....	do	20	" Phosphates Com.....	per lb.	75
Standard Mercuric Iodine.....	per lb.	100	Tapioch.....	per lb.	25



	EACH
Scissors, Glass, half pint.....	75
do do 4 ounce.....	50
do do 2 ounce.....	1 75
do do 1 ounce.....	2 50
do do 1/2 ounce.....	1 25
do do 1/4 ounce.....	1 50
do do 1/8 ounce.....	6 50
do do 1/16 ounce.....	7 00
do do 1/32 ounce.....	8
do do 1/64 ounce.....	9 00
do do 1/128 ounce.....	9 00
do do 1/256 ounce.....	10 to 1 25
do do 1/512 ounce.....	25
do do 1/1024 ounce.....	50
do do 1/2048 ounce.....	75
do do 1/4096 ounce.....	75
do do 1/8192 ounce.....	1 25
do do 1/16384 ounce.....	1 25
do do 1/32768 ounce.....	1 50
do do 1/65536 ounce.....	75
do do 1/131072 ounce.....	75
do do 1/262144 ounce.....	10 00
do do 1/524288 ounce.....	9 00
do do 1/1048576 ounce.....	3 50
do do 1/2097152 ounce.....	3 50
do do 1/4194304 ounce.....	1 00
do do 1/8388608 ounce.....	75
do do 1/16777216 ounce.....	1 75

## SURGICAL INSTRUMENT.

### AMPUTATING AND TREPHINING.

One Mahogany Case.....	\$32 00
Perforated Instruments.....	
Amputating.....	
One Mahogany Case.....	28 00
Perforated Instruments.....	
Single Capital Knife.....	4 50
Small Knife.....	3 00
Large Forceps, Liston's.....	3 50
Capital Saw.....	4 50
Amputating Saw.....	4 00

### TREPHINING.

Mahogany Case.....	16 00
Single Trephine.....	3 50
Electric.....	1 00
Electric Saw.....	1 75
Scalpel.....	1 00

### EYE INSTRUMENTS.

Case with 9 Instruments Ivory Handles.....	14 00
Single Needle.....	1 50
Case Strabismic Instruments.....	8 50
Single Knife.....	1 50
Single Scissors.....	1 75
Single Forceps.....	1 25

### OBSTETRICAL INSTRUMENTS.

Stodges, Meigs, or Davis' Forceps.....	8 00
Plain Straight.....	8 00
Yentis.....	9 50
Perforated.....	3 25
Patented Forceps.....	3 50
Plain Hook and Crutcher.....	1 00
Obstetrical Case complete.....	30 00

## POCKET INSTRUMENTS.

Compact Double Instruments, Prof. Gross.....	22 00
do Shell Handle.....	20 00
do do.....	10 00
do do.....	16 00
do do.....	14 00
do do.....	13 00
do do.....	11 00
do do.....	8 55
do do.....	7 50
do do.....	18 00
do do.....	17 00
do do.....	18 00

## TOOTH FORCEPS.

Five.....	1 75 to 2 00
Tooth Keys.....	2 00 to 2 50

## HYPODERMIC SYRINGES.

Hard Rubber, 1 tube.....	2 00
do 2 tubes.....	3 50
Glass, 2 tubes.....	3 50
Glass and Metal, 3 tubes.....	4 00

## MISCELLANEOUS.

Dissecting Cases, full.....	8 00
do small.....	4 00
Single Scalpel.....	1 00
Single Forceps.....	1 00
Single Retractor.....	1 00
Single Thumb Lancet.....	75
Single Gun Lancet.....	75
Single Abscess Lancet.....	75
Cupping Case.....	8 00
do do with Suctionator.....	10 00
Single Suctionator.....	4 50 to 5 00
Tongue Depressors, silver plated.....	1 00
do do German silver.....	1 00
Palmer's Battery.....	10 00
Kidder's Battery, Electro Magnetic.....	1 00
Posner's Battery, double current.....	15 00
Nasal Bougies improved.....	1 50
Trocar and Canula.....	1 75
Fever Thermometer.....	2 50
Water Thermometer self Registering.....	3 50
Atomizers, Coleman & Shurtall.....	6 00
do Hand held.....	5 00
Dr. Morrell's Vaginal Irrigator.....	1 75

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

We are the Agents for Doctor BROWN'S RENOVATOR, an Instrument for the treatment of disease, by Acupuncture and Counter irritation. Prices for full set, comprising Instrument, Book and Medicines \$12.00.

WE ARE THE AGENTS FOR  
**WILLIAM R. WARNER & CO'S**  
 CELEBRATED  
**Sugar-Coated Pills and Granules.**

100 500	100 500
AGUE: Chinoidin 2 gra., Ext. Col. Co. N. gr., Ol. Pip. Nig 1-4 gr., Ferri Sul.	CALOMEL ET OPIU: Calomel 2 gra., Opium 1 gr.
ALOE: U. S. P.	CALOMEL ET RHU: Calomel 2 gra., Ext. Rhei 1/2 gr., Ext. Coloc. 2 gra.
ALOE ET ASSAFETIDE: U. S. P.	Ext. Hyoscyam. 1-4 gr.
ALOE ET FERRI: Pulv. Aloes Soc. 2 gr., Pulv. Zingib. Jam. 1 gr., Ferri Sulph. Exsic. 1 gr., Ext. Conil.	CAMPHOR ET EXT. HYOSCYAMUS: Camphor 1 gr., Ext. Hyoscyamus, Eng 1 gr.
ALOE ET MASTIC: Lady Webster	CATHARTIC COMP: U. S. P.
ALOE ET MYRRH: U. S. P.	CATHARTIC COMP. Prop. Ext. Cassia Comp., Ext. Jacup. Podophyllin Liquidan, Ext. Hyoscyamus, Ext. Mentha, Ol. Mentha 3 gr.
ALOE ET NUX VOMICA: Pulv. Aloes Soc. 1 1/2 gra., Ext. Nux Vomica, 1/2 gr.	CATHARTIC COMP. VEGETABLE: Podophyllin, Scammony, Ext. Cassia, Aloes, Soap and Cardamom.
ALTERNATIVE: Mass Hydrargyri 1 gr., Pulv. Opium, Pulv. Ipecacae, 1/2 gr.	CATHARTIC COMP. Podophyllin: Podophyllin 1/2 gr., Pulv. Hydrarg. 1/2 gr., Ext. Hyoscyam. 1/2 gr., Ext. Nux Vom. 1-16 gr., Ol. Res. Cassia, 1/2 gr.
AMMON BROMID: 1 gr.	CHAPMAN'S DINNER PILLS: Aloes Soc. Pulv. Blue Opt. Gum Mastich.
ANALEPTIC: Pv. Ammoniac 1/2 gr., Pv. Res. Guaiac. 1 gr., Pv. Aloes Soc. 1/2 gr., Pv. Myrrh 1/2 gr.	CHLORAL: 1 gr.
ANDERSON'S SCOTS	CHLORIDIN: 1 gr.
ANODYNE: Pv. Camphor 1 gr., Morphia Acetat. 1-20 gr., Ext. Hyoscyam. 1 gr., Ol. Res. Cassia 1-20 gr.	CHLORIDIN COMP: Chloridina, 2 gra., Ferri Sulph. Exsic. 1 gr., Piperina, 2 gr.
ANTHELMINTIC: Santonin, Calomel, ea 1 gr.	CINCHON SUL: 1/2 gr.
ANTI-BILIOUS: Vegetable Pv. Ext. Coloc. 2 1/2 gra., Podophyllin, 1/2 gr.	COCCIA: Pulv. Res. Scammony, 1 gr., Pulv. Soc. Aloes, 1/2 gr., Pulv. Camphor, 1/2 gr., Potass. Sulph. 1/2 gr., Ol. Carophyll. 1/2 gr.
ANTI-CHILL: Chinoidin 1 gr., Ferri Ferrocyan. 1 gr., Ol. Piper Nig 1 gr., Arsenic, 1-40 gr.	COKE'S: 3 gra., Pulv. Aloes Soc. 1/2 gr., Pulv. Rhei 1 gr., Calomel, 1/2 gr., Sapon. Hispan. 1/2 gr.
ANTI-CHLORIDIN: Potass. Chlor. 1 gr., Ferri Chlor. 1/2 gr., Pv. Podophyllin 1/2 gr., Pv. Myrrh 1/2 gr.	COLOCYNTHIDIS COMP: 3 gra. U. S. P.
ANTI-CHOLIC: Zinci Valer 2 gra., Ferri Valer. 1/2 gr., Ext. Sumbul 1/2 gr.	COLOCYNTH ET HYOSCYAMUS: Ext. Coloc. 2 gra., Comp. 2 gra., Pulv. Hydrarg. 2 gra., Pulv. Ipecac. 1/2 gr.
ANTI-DYSPEPTIC: Strychnin 1-40 gr., Ext. Belladonna, 1-40 gr., Pulv. Ipecac. 1-10 gra., Mass. Hydrarg. 2 gra., Ext. Col. Co. 2 gra.	COLOCYNTH ET HYOSCYAMUS: Ext. Coloc. 2 gra., Ext. Hyoscyamus 1/2 gr.
ANTIMONY COMP: U. S. P. [See Pil. Plummer]	COPALIN, U. S. P.
ANTI-PERICODIC: 4 lachnoidin Sul. 1 gr., Res. Podophyllin 1-20 gr., Strychnia Sul. 1-32 gr., Gelsem. 1-20 gr., Ferri Sulph. Exs. 1/2 gr., Ol. Res. Cassia 1-10 gr.	COPALIN ET EXT. CUBEBIN: Pulv. Copalini, 2 gra., Ol. Res. Cassia, 1/2 gr.
ANTI-SPASMODIC: Ext. Hyoscyam. 1/2 gr., Morphia Acetat. 1-10 gr., Brom. Camphor 1/2 gr., Pv. Cassia, 1/2 gr.	COPALIN COMP: Pulv. Copalini, Resin Guaiac, Ferri Cit. Olas. resin, Camphor.
ANTI-SPLEENIC: Pv. Aloes Soc. 1/2 gr., Pv. Ammoniac 1/2 gr., Pv. Myrrh 1/2 gr., Ext. Bryony, 1 gr.	DIGITALIS COMP: Pulv. Digitalis, 1 gr., Pulv. Scilla, 1 gr., Putass. Nit. 2 gr.
APERIENT: Ext. Nuc. Vom. 1/2 gr., Ext. Hyoscyam. 1/2 gr., Ext. Coloc. C. 2 gra.	DIURETIC: Sapo. Hispan. Pulv. 2 gra., Soda Carb. Exsic. 2 gra., Ol. Nerve Junip. 1 drop.
ASSAFETIDA: U. S. P.	DUPUYTREN: Pulv. Guaiac. 2 gra., Hyd. Chlor. Corroa. 1-10 gr., Pulv. Opium 1/2 gr.
" COMP. Assafoetida, 2 gra., Ferri Sulph. Exsic 1 gr.	ECOPHOTIC: Ext. Aloes Soc. 2 gra., Ext. Nux Vomica, 1-5 gr., Res. Podophyllin, 2-10 gr., Ol. Carophyll. 1-10 gr.
ASSAFETIDA ET RHEI: Assafoetida, 1 gr., Pulv. Rhei 1 gr., Ferrum 1 gr.	EMMENAGOGUE: Krotone, 1 gr., Ext. Hellicore, Nig. 1 gr., Aloes 1 gr., Ferri Sul. 1 gr., Ol. Sabinia 1/2 gr., FEL. Borinum (Oz. gall. 2 gra., Fowdered Jamaica Ginger, 1 gr.
ASTRINGENT: Ext. Gerani, 2 gra., Pv. Opium 1/2 gr., Ol. Mentha Pip. 1-20 gr., Ol. Res. Zingiber, 1-20 gr.	FERRI (Quevenne's), 1 gr.
BISMUTH: Subnit. 2 gra.	" 2 gra.
BISMUTH AND IGUATIA: Bismuth Sub. Carb. 4 gra., Ext. Ignatia Amara, 1/2 gr.	FERRI CARB. (Valerian) U. S. P.
BISMUTH: Subcarb. 2 gra.	FERRI CITRAT 2 gra.
BISMUTH AND NUX VOMICA: Bismuth Sub. Carb. 4 gra., Ext. Nux Vomica 1/2 gr.	FERRI COMP: U. S. P.
" 1, 2 and 3	

PHENOLIC IODID 1 gr.	65	3 00	PODOPHYLLIN, 1 gr.	75	3 00
PHENOLIC IODID 1 gr.	65	2 25	PODOPHYLLIN, ET HYDRARG. Po-		
PHENOLIC IODID 1 gr.	65	1 75	podophyllin, $\frac{1}{2}$ gr. Pil. Hydrarg. 2 grs.	80	2 25
PHENOLIC IODID 1 gr.	65	1 00	POTASS. BROMID., 1 gr.	75	3 00
PHENOLIC IODID 1 gr.	65	0 75	" " 5 grs.	1 25	6 00
PHENOLIC IODID 1 gr.	65	0 50	" " 10 grs.	2 50	4 00
PHENOLIC IODID 1 gr.	65	0 25	" " 20 grs.	5 00	4 25
PHENOLIC IODID 1 gr.	65	0 00	" " 40 grs.	10 00	4 75
PHENOLIC IODID 1 gr.	65	0 00	" " 80 grs.	20 00	13 50
PHENOLIC IODID 1 gr.	65	0 00	" " 160 grs.	40 00	19 75
PHENOLIC IODID 1 gr.	65	0 00	ET EXT. BELLADONNA:		
PHENOLIC IODID 1 gr.	65	0 00	Quinn's Sulph. 1 gr. Ext. Bellad. $\frac{1}{2}$ gr.	75	8 50
PHENOLIC IODID 1 gr.	65	0 00	QUINIA ET FERRI: Quin. sulph. 1		
PHENOLIC IODID 1 gr.	65	0 00	gr. Ferrum per Hydrarg. (Quinvenne's)	1	75
PHENOLIC IODID 1 gr.	65	0 00	1 gr.	1	75
PHENOLIC IODID 1 gr.	65	0 00	QUINIA ET FERRI: Quin. 1		
PHENOLIC IODID 1 gr.	65	0 00	gr. Ferrum Carb. (Vallet's) 2 grs.	1	75
PHENOLIC IODID 1 gr.	65	0 00	QUINIA ET FERRI: Cit. 1 gr.	75	3 00
PHENOLIC IODID 1 gr.	65	0 00	" " 2 grs.	1	40
PHENOLIC IODID 1 gr.	65	0 00	QUINIA ET FERRI: ET STRYCH-		
PHENOLIC IODID 1 gr.	65	0 00	NILE: Quin. Sulph. 1 gr. Ferrum Carb.	1	75
PHENOLIC IODID 1 gr.	65	0 00	(Vallet's), 2 grs. Strych. Sul. 1 gr.	1	75
PHENOLIC IODID 1 gr.	65	0 00	QUINIA ET FERRI: ET STRYCH-		
PHENOLIC IODID 1 gr.	65	0 00	NILE: Phos. Quin. 1 gr. Phos. Iron.	1	75
PHENOLIC IODID 1 gr.	65	0 00	1 gr. Phos. Strychni 1 gr. Phos. Iron.	1	75
PHENOLIC IODID 1 gr.	65	0 00	QUINIA, IODOFORM AND IRON:		
PHENOLIC IODID 1 gr.	65	0 00	Iodoform, 1 gr. Ferrum Carb. (Vallet's)	1	75
PHENOLIC IODID 1 gr.	65	0 00	2 grs. Quin. Sul. $\frac{1}{2}$ gr.	3	00
PHENOLIC IODID 1 gr.	65	0 00	QUINIA ET FERRI: Quin. 1 gr.	3	00
PHENOLIC IODID 1 gr.	65	0 00	Sul. 1 gr. Strychni, 1 gr.	1	75
PHENOLIC IODID 1 gr.	65	0 00	QUINIA, Valerianate, 1 gr.	2	00
PHENOLIC IODID 1 gr.	65	0 00	Rubi, U. S. P. Pulv. Rubi, 2 grs. Pulv.	75	8 00
PHENOLIC IODID 1 gr.	65	0 00	Saponia, 1 gr.	75	8 00
PHENOLIC IODID 1 gr.	65	0 00	RHEI, COMP. U. S. P. Pulv. Rhei, 2		
PHENOLIC IODID 1 gr.	65	0 00	grs. Pulv. Aloes Socot. $\frac{1}{2}$ grs. Strych.	1	75
PHENOLIC IODID 1 gr.	65	0 00	1 gr. Ol. Menth. Pip.	75	3 50
PHENOLIC IODID 1 gr.	65	0 00	RHEUMATIC: Ext. Colch. C. 1 gr.		
PHENOLIC IODID 1 gr.	65	0 00	Ext. Colchici Acet. 1 gr. Ext. Hyos-		
PHENOLIC IODID 1 gr.	65	0 00	cyan, $\frac{1}{2}$ gr. Hydg. Chlor. Mit. $\frac{1}{2}$ gr.	0	75
PHENOLIC IODID 1 gr.	65	0 00	SANICONIS, 1 gr.	1	02
PHENOLIC IODID 1 gr.	65	0 00	SYMPHILIC: Potus. Iod. $\frac{1}{2}$ grs.	1	00
PHENOLIC IODID 1 gr.	65	0 00	Hyd. Chlor. Corros. 1-10 gr.	1	00
PHENOLIC IODID 1 gr.	65	0 00	TONIC: Ext. Gentiana 1 gr. Ext. Hu-		
PHENOLIC IODID 1 gr.	65	0 00	muld, $\frac{1}{2}$ gr. Ferrum Carb. Socot., $\frac{1}{2}$ gr.		
PHENOLIC IODID 1 gr.	65	0 00	Ext. Nux Vom. 1-20 gr. Res. Ferri.		
PHENOLIC IODID 1 gr.	65	0 00	1-20 gr. Ol. Res. Zingib. 1-10 gr.	00	0 75

## SUGAR COATED GRANULES.

Acid, Arsenious, 1-20, 1-30 and 1-40 gr.	40	1 75
Aconita, 1-40 gr.	75	3 50
Atropin, 1-40 gr.	75	3 00
Corrosive Subl., 1-32, 1-20 and 1-40 gr.	40	1 75
Camphyllin, 1-40 gr.	40	1 75
Cimicifuga, 1-40 gr.	40	1 75
Digitalin, 1-40 gr.	75	3 50
Elaeterium, (Cathartick's) 1-40 gr.	90	4 00
Extract Belladonna, (Eug.) $\frac{1}{2}$ gr.	40	1 75
" Ignatia Amara, $\frac{1}{2}$ gr.	40	2 25
" Cannabis Indica, $\frac{1}{2}$ gr.	40	1 75
" Hyoscyamus, (Eug.) $\frac{1}{2}$ gr.	40	1 75
" Nux Vomica, $\frac{1}{2}$ and $\frac{1}{4}$ gr.	40	1 75
Gelsemium, $\frac{1}{2}$ gr.	30	9 25
" $\frac{1}{4}$ gr.	75	3 50
Hydrastin, $\frac{1}{2}$ gr.	90	4 50
Helonin, 1-40 gr.	50	2 00
Leptandrin, $\frac{1}{2}$ gr.	40	1 75
" $\frac{1}{4}$ gr.	50	2 25
Mercury, Iodide, $\frac{1}{2}$ gr.	40	1 75
" Iod., 1-10 gr.	40	1 75
Morphia, Acet., 1 gr.	75	3 50
" Sulphate, 1-10 gr.	00	2 75
" " $\frac{1}{2}$ gr.	75	3 50
" " 1-6 gr.	80	4 75
" " $\frac{1}{2}$ gr.	100	4 75
" Valerianate, $\frac{1}{2}$ gr.	100	4 75
Podophyllin, 1-40 gr.	40	1 75
" $\frac{1}{2}$ gr.	50	2 25
" $\frac{1}{4}$ gr.	60	2 75
Podophyllin Comp. Podophyllin, $\frac{1}{2}$ gr.		
Ext. Hyoscyam, $\frac{1}{2}$ gr. Ext. Nux		
Vomica, 1-10 gr.	75	3 50
Silver Nitrate, $\frac{1}{2}$ gr.	75	3 50
" Iodide, $\frac{1}{2}$ gr.	75	3 50
Strychnia, 1-10, 1-20, 1-30, 1-32, 1-40 and		
1-60 gr.	40	1 75

## SPECIFIC MEDICINES.

	PRICE	PRICE		PRICE	PRICE
	PER	PER		PER	PER
	POUNCE	POUNCE		POUNCE	POUNCE
Acid, Hydrochloric, Dilute.....	\$ 80	\$ 30	Helonias.....	1.50	
Sulphurous.....	80	30	Hepatica.....	1.50	
Aconite.....	2.00	55	Hydrastis.....	2.50	
Agrimonia.....	1.80	50	Hyoscinus.....	1.25	
Ailanthus.....	2.50	65	Hydrangea.....	1.50	
Alnus.....	1.80	50	Ipecacuanha.....	2.50	
Amygdalis Persica.....	1.80	40	Iris Versicolor.....	1.50	
Apocynum Can.....	1.80	50	Juglans.....	1.50	
Aralia Hesp.....	1.80	50	Kalmia.....	1.50	
Acid Carbolic.....	1.40	40	Lepidandra.....	2.00	
Asclepias.....	1.80	50	Lobelia.....	2.25	
Apis.....	3.00	80	Macerata Rac.....	1.50	
Belladonna.....	2.00	55	Myrica Cer.....	1.50	
Boletus Laricis.....	3.00	80	Nux Vomica.....	1.50	
Baptisia Tinctoria.....	1.80	50	Panax Quinquefolia.....	1.50	
Bryonia.....	3.00	80	Phosphorus.....	1.75	
Cactus Grandiflorus.....	5.00	1.50	Phytolacca.....	1.50	
Cannabis Indica.....	3.00	80	Pulsatilla.....	1.50	
Caulophyllum.....	1.80	50	Prunus.....	1.50	
Corydalis.....	2.25	60	Ptelea.....	2.00	
Colechicum Seed.....	1.80	50	Polypodium Virginicum.....	2.50	
Collinsonia.....	1.80	50	Rhus Toxicodendron.....	2.00	
Conium.....	1.80	50	Rumex Crispus.....	1.50	
Cypripedium.....	2.00	55	Rheum.....	2.00	
Coffea.....	2.50	65	Strychnium.....	1.50	
Cinnamon.....	2.25	60	Senecio.....	1.50	
Colocyth.....	2.50	65	Scilla.....	1.50	
Cuprum.....	2.25	60	Staphisagria.....	1.50	
Carbo Veg.....	2.00	55	Sulfingia.....	2.50	
Chelidonium.....	2.00	55	Sambucus.....	1.50	
Chenopodium.....	2.25	60	Senna.....	1.50	
Digitalis.....	2.00	55	Veratrum Viride.....	2.50	
Dracena.....	3.00	80	Viburnum.....	1.50	
Ergot.....	3.00	80	Xanthoxylum.....	2.50	
Epilobium.....	1.80	50	Mayer's Ointment.....	1.50	
Eryngium.....	1.80	50	Stramonium.....	1.50	
Eupatorium Parviflorum.....	1.80	50	Phosph. Soda.....	1.50	
Euonymus.....	1.80	50	Sulphite Soda.....	1.50	
Euphorbia Corollata.....	1.80	50	Podophyllin Triturated, per oz.....	1.50	
Gelsemium.....	3.00	80	Hydrastis Sulph.....	1.50	
Galium Ap.....	1.80	50	Sanguinaria Nitrate.....	2.50	
Grindelia Robusta.....	3.00	80	Verba Santa.....	2.50	
Hamamelis.....	1.00	30			

## ELIXIRS AND WINES.

	PER	PER		PER	PER
	POUNCE	POUNCE		POUNCE	POUNCE
Elixir Calisaya and Iron.....	85	5.50	Elixir Iron, Potatoes.....		
Elixir Calisaya, Iron and Strychnia.....	85	5.50	Elixir Calisaya.....		
Elixir Calisaya, Iron and Bismuth.....	85	5.50	Elixir Terebinth Comp.....		
Elixir Peppin, Bismuth and Strychnia.....	1.50	10.00	Elixir Buchu.....		
Elixir Phos. Iron, Quina and Strychnia.....	2.00	14.00	Elixir Buchu and Potatoes.....		
Elixir Pyrophosph. Iron.....	75	5.00	Wine of Wild Cherry.....		
Elixir Valerianate Ammonia.....	1.00	7.00	Wine of Wild Cherry, Fermented.....		
Elixir Gentian.....	60	4.00	Wine of Peppin.....		
Elixir Gentian, Fermented.....	75	5.00	Wine of Iron, bitter.....		
Elixir Peppin and Ptelea.....	2.00	14.00	Wine of Iron, with loaf.....		

H. M. MERRELL &amp; CO.

CINCINNATI, OHIO.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its resolution into chyle, and is therefore the most important remedy for Dyspepsia that has ever been issued.

*Lactopeptine acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of dyspepsia, intestinal diseases of children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.*

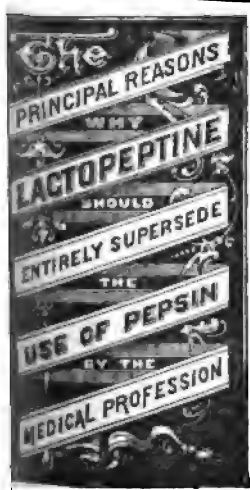
*One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.*



### FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Fig, Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 fl. "
		Powder and Mix.	

LACTOPEPTINE, as well as all other preparations of our manufactory, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

---

*All the statements made in this Circular are the result of repeated and careful experiments.*

---

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

---

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

---

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—oo—  
The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pepsine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

—oo—  
INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—oo—  
BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children  
Vermont Med. College.

—oo—  
EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

---

*A large proportion of diseases are the result of imperfect digestion.*

---

---

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a wider variety of diseases than any medicine I have met with in a practice of over 5 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this illness over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I could try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the lance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation, the remedies indicated.

---

*one drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,  
while the same quantity of any standard preparation of Pepsin  
in the market will dissolve but three ounces.*

---

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, MO., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—

INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *extremo morbo*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—

MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

*ne creatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—sin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and creatine emulsifying fatty substances. The theory of its action being rational, we prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—  
ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was sent in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large per centum of just such cases on hand, in which various medicines and remedies had been used without success, I readily consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to commend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carnic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant manner.

### 0 TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, and Trochies.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Asthma, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 gra. Lactopeptine and 16 gra. Phosphate of Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

**REED & CARRICK** manufacture a full line of *Fluid Extracts*.

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ.**

*The following valuable formula have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	ss dr. iij.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the interval, and if the attack does not recur, then continue the mixture daily for one week at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iij.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth, Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

---

*All our goods are of guaranteed strength and uniformity.*

---

that is, if "Tertian," every three hours, and then after first interval, if the  
 the attack does not recur, continue mixture at a diminished rate each succeeding day, as  
 indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time  
 between each dose of medicine an hour every day until a week has passed, when the  
 frequency of a dose will be reduced to three times a day, at which rate it should be con-  
 tinued until complete restoration of appetite and strength.

3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	aa dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

*M. Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and at  
 time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine  
 with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive  
 loss of indigestion, although the dose of Formula No. 3 has already been taken at the meal time,  
 but immediately before or after eating, in accordance with the rule of foregoing  
 instruction.

4.—FOR CHRONIC DIARRHOEA.

<b>R</b>	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

*M. Dose.*—One tablespoonful with water after each flux from bowels, and as a rule,  
 at bed time, even if the diarrhoea is apparently checked at that hour, and this rule, should  
 be persisted in for two or three days, or until the diarrhoeal tendency has been entirely  
 cured.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to **LACTOPEPTINE** we manufacture **PEPSIN, PANCREATINE** and  
**DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.  
 They are all presented in a saccharated form, and are therefore very palatable to  
 administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

℥ fl. oz. contains :

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

*Dose.*—Child five years old, one or two teaspoonfuls; adult, one or two table-  
 spoonfuls.

This preparation is being used extensively throughout the country. It was originat-  
 ed with the design of furnishing a liquid Cathartic remedy that could be prescribed in a  
 stable form: It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir.  
 It, so far, proved the best Liquid Cathartic we have ever used in our Institution.  
 It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

---

*All our goods are of guaranteed strength and uniformity.*

---

**Strychnia Compound Pill.**

Strychnia, - - - 1-100 grain.  
Phosphorus, - - - 1-100 "  
Ex. Cannabis Indica, - - - 1-16 "  
Ginseng, - - - 1 "  
Carb. Iron, - - - 1 "

*Dose*—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

Ext. Blood, - - - 3 grains.  
Quinine Sulph., - - - 1 grain.  
Sesqui Oxide Iron, - - - 1 "

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

**HEMA PILLS.**

We beg to present to the Medical Profession for their special consideration several preparations of Blood Pills. The use of Blood medicinally, and the importance its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anaemia and other ailments, who are daily drinking the blood of the ox, and many with no benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HEMA (Ext. Blood), 4 grs.**

*Dose*.—Two to four.

90 cts. per hundred.

**HEMA COMP.**

Ext. Blood, 2 grs.  
Lacto-Phosphate Lime, 1 gr.  
Pepsin, 2 gr.

*Dose*.—One to three.

\$1.50 per hundred.

**HEMA, QUINIA, IRON and STRYCHNIA.**

Ext. Blood, 2 grs.  
Quinine Sulph., 1 gr.  
Sesqui Oxide Iron, 1 gr.  
Strychnine, 1-75 gr.

*Dose*.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.**

**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of . . . \$1 00  
One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARNRICK, Manufacturing Pharmacists,**

**198 FULTON STREET, NEW YORK.**

# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

MANUFACTURERS OF

**Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammoniaë,  
Pure Concentrations, Spts. Nitre Dulc.  
Gran'ted Effervescing Salts, Pure Powd'd Drugs  
Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added to our list:

Fluid Extract Jaborandi.  
Fluid Extract Damiana.  
Fluid Extract Guarana.  
Fluid Extract Eucalyptus Globulus.  
Fluid Extract Grindelia Robusta.  
Fluid Extract Bearsfoot.  
Fluid Extract Calendula.  
Fluid Extract Chestnut Leaves.  
Fluid Extract Cotton Root Bark, (from the fresh root.)  
Fluid Extract Gelseminum, (from the fresh root.  
Pills of Picrate Ammonium, (sugar coated.)  
Brundage's Anti-Constipation Pills, (sugar coated.)

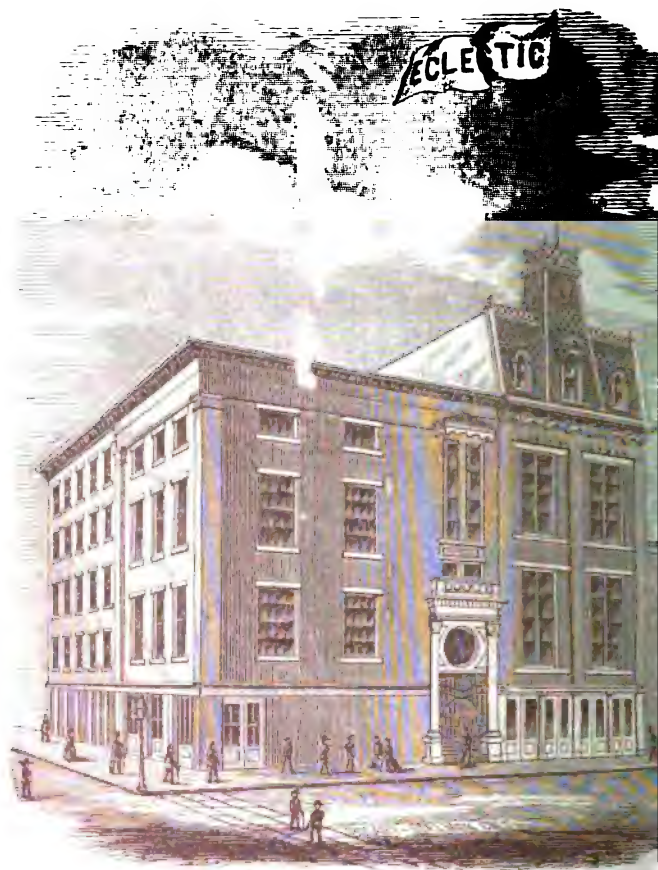
Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify P. D. & Co. on their prescriptions.

Our list of manufactures can be obtained of the following wholesale Druggists, at manufacturers' rates:

### DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	- - - - -	Cincinnati.
Kenyon, Potter & Co.	- - - - -	Syracuse, N. Y.
George A. Kelly & Co.	- - - - -	Pittsburg, Pa.
Benton, Myers & Canfield,	- - - - -	Cleveland, O.
George M. Dixon,	- - - - -	Dayton, O.
A. Peter & Co.	- - - - -	Louisville, Ky.
Morrison, Plummer & Co.	- - - - -	Chicago, Ill.
Colburn, Birks & Co.	- - - - -	Peoria, Ill.
George A. Eddy,	- - - - -	Leavenworth, Kan.
Godbe, Pitts & Co.	- - - - -	Salt Lake City, Utah.
Reed, Williams & Co.	- - - - -	Toledo, O.
Farrand, Williams & Co.	- - - - -	Detroit, Mich.
Swift & Dodds,	- - - - -	Detroit, Mich.
Browning & Sloan,	- - - - -	Indianapolis.
Wheelock, Finlay & Co.,	- - - - -	New Orleans.
Strong, Cobb & Co.,	- - - - -	Cleveland, O.
J. W. Wood & Co.,	- - - - -	Kansas City, Mo.
J. Durbin,	- - - - -	Denver, Col.
Evans, Mercer & Co.,	- - - - -	Montreal, Q.



# **Eclectic Medical Institute.**

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2d, 1876. Preliminary Lectures from Sept. 28th.  
Spring Session Commencing February 1st, 1877.

---

For Annual Announcement, or other information, address

**DR. J. M. SCUDDER,**  
CINCINNATI, OHIO.

312

Price \$2 per Annum. Single Copies 25 cts.

. T H E

# Eclectic Medical Journal.

. EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. xxxvi. Cincinnati, October, 1876. No. 10.

## TABLE OF CONTENTS.

### Original Communications.

ART. LXXXVI.—Granular Pharyngitis. By John King, M. D.....	441
ART. LXXXVII.—Bones—their Physi- ology and Pathology. By Prof. J. A. Jeancon, M. D.....	444
ART. LXXXVIII.—Letters from Prof. Scudder.....	447
ART. LXXXIX.—“Diseases from soap.” By J. U. Lloyd.....	454
ART. XC.—The Teeth. By A. J. Howe, M. D.....	456
ART. XCI.—Polygonum Hydropiper. By By C. G. Lloyd.....	462

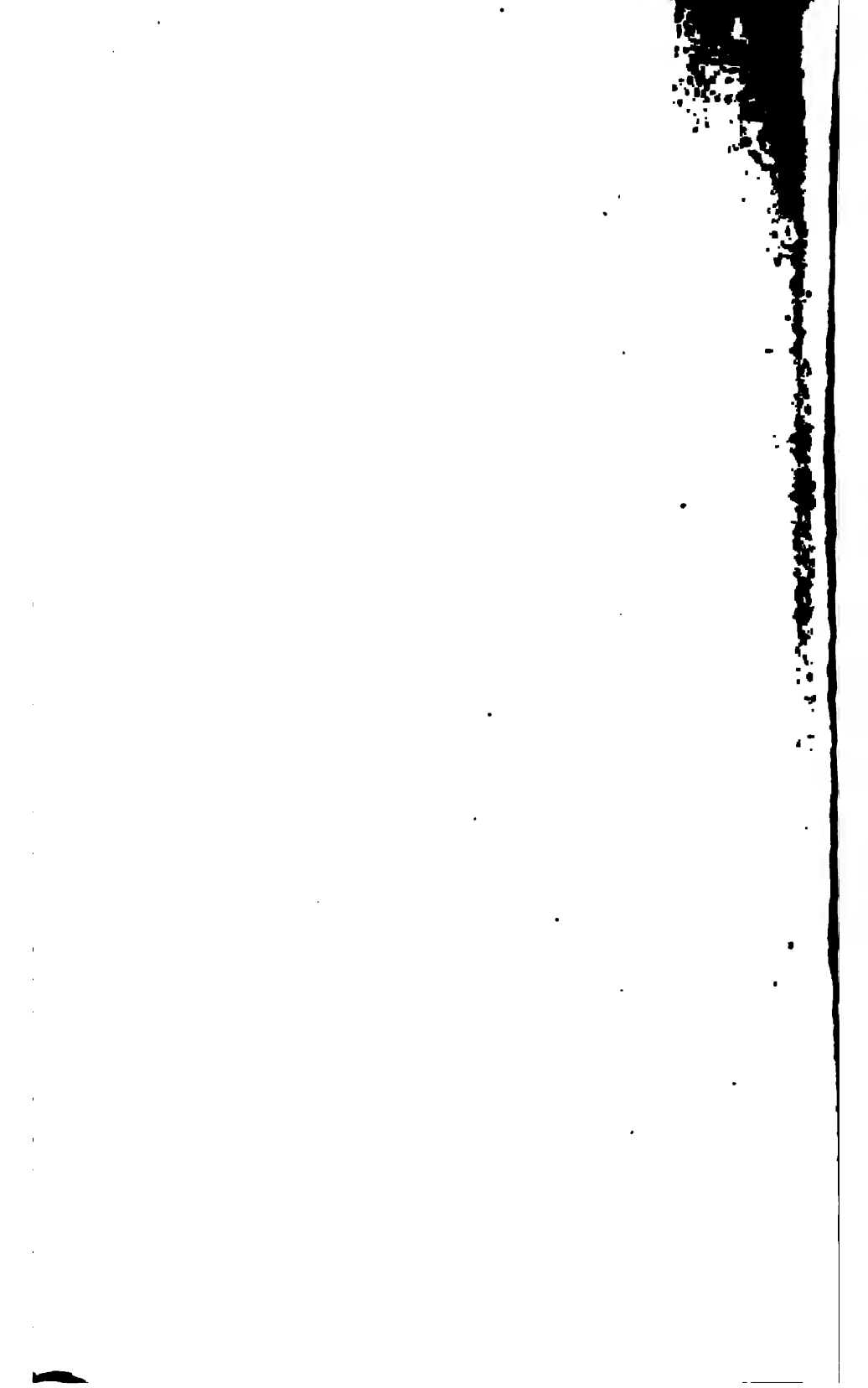
Nitrate of Amyl in Nervous Cephalgia.....	467
On Sleeplessness.....	468
Cold Water in Fever.....	470
New Method of Preventing the Secretion of Milk.....	471
Diagnosis of diseases of the Urinary Or- gans.....	472

### Editorial.

State Medicine.....	473
The Struggle for Existence.....	476
“Senseless Opposition”.....	478
Nitrite of Amyl.....	479
Eclectic Societies.....	479
International Medical Congress.....	480
Therapeutic Powers of Salicylic Acid.....	482
Typho-Malaria.....	482
The College.....	482
Death from Ether.....	482
Book Notices.....	483
Gleanings.....	487

### Periscope.

On the External uses of Hydrate of Chloral.....	463
The Combined use of Morphia and Atro- pia in Spasmodic Asthma.....	465





**REMOVAL.**—We have removed to our new and commodious Iron Building, 1228 Market St., where in future you will please direct all correspondence.

**PHARMACY**

**MEDICINE**

**WM. R. WARNER & CO.**

**Manufacturing Chemists,**

**1228 MARKET STREET,**

**PHILADELPHIA.**

MANUFACTURERS OF

**Reliable Sugar-Coated Pills,  
Standard Fluid Extracts, Elixirs,  
Wines, Syrups, New Remedies and  
all Official Preparations.**

**SEND FOR PRICE-LIST.**



# WARNER & CO'S Phosphorus Pills.

**Phosphorus** is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

## Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

*The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.*

*This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.*

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.**

### ☛ PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES. ☛

	Price
Pil Phosphori, 1-100 gr. in each,	- - - - -
Pil Phosphori, 1-50 " "	- - - - -
Pil Phosphori, 1-25 " "	- - - - -
Pil Phosphori Comp.,	- - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Nucis Vomicae,	- - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom.	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	- - - - -
Pil Phosphori et Ferri et Quinae,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom. et Quinae,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	- - - - -
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	- - - - -

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER & CO.**  
Manufacturing Chemists,  
No. 1228 Market St., Philadelphia.



VIENNA MEDAL

AWARDED

Wm. R. Warner & Co.

For Official and other

Sugar Coated Pills.



## TO PHYSICIANS.

*The efficacy of Sugar Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.*

*The universal success attending Warner & Co.'s, leads us to believe that our mode is correct. This can be readily proven by prescribing a pill the effects of which are soon apparent, for instance a cathartic, and we are confident the result will show that the full benefit of the medicine is derived when given in this convenient form.*

*Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, without necessarily interfering with the solubility, and does not involve processes which make them so expensive.*

*Our pills are kept by Druggists throughout the country. they are popular and extensively used. We would request you in prescribing to specify (Warner & Co.) and to order in bottles containing one hundred each, observing that our name is in the glass, while the prescription label with your directions may be on the bottle. Soliciting your influence we are,*

*Yours Respectfully*

*William R. Warner & Co*

PHILADELPHIA.

Special Recipes made to Order for 3000 or more Pills.

# WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

"MONTREAL, Dec. 2d, 1872.

"MESSRS. WM. R. WARNER & CO.,

*Gentlemen:*

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishop's College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,  
*Professor Mat. Med. University of Bishop's College,  
Lecturer on Chemistry, Botany and Mat. Med.  
in the Quebec College of Pharmacy, etc., etc.*

## SUGAR-COATED QUININE PILLS

*From the St. Louis Medical and Surgical Journal,  
W. S. Edgar, M. D., Editor.*

"It is a matter of no small importance that physicians order their medicines in the most convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibiting their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced. Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent fever, leave little room for deception. We procured a variety of W. R. WARNER & Co.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

"I take pleasure in testifying that W. R. WARNER & Co.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.

T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

OCTOBER, 1876.

No. 10.

---

## ORIGINAL COMMUNICATIONS.

**ART. LXXXVI.—Granular Pharyngitis.** By JOHN KING, M. D.

This is a much more common disease than is generally supposed, and will often be found to exist without any pharyngeal, or pharyngo-laryngeal symptoms to indicate its presence. I have found this more especially to be the case with lymphatic subjects, and those presenting strumous appearances, and who have not used the voice professionally. A person may be affected with this malady and pass through life without being aware of its existence, unless a severe cold, straining the voice or other cause, aggravates the unhealthy condition of the parts.

There is no doubt in my mind but that the most common cause of this affection is cold, especially when oft repeated. The pharyngeal mucous membrane being irritated, over-excited, enfeebled, and lax from one or more causes, will the more readily suffer from the influences of cold or catarrh. These enfeebling causes are immoderate or improper exercise of the voice, digestive derangements, smoking tobacco, inhalation of acrid vapors or dust, exanthematous affections, sexual excesses, as well as a naturally weak condition of the parts. A herpetic diathesis has been considered a cause of granular pharyngitis, but I think without any just foundation; though the lax enfeebled constitution of one having this diathesis, may predispose to it in the same manner as with the preceding named causes. In former years, from having been more frequently met with among clergymen, and from an imperfect knowledge of its true character, it was called *clergymen's sore throat*; it has likewise been termed *follicular pharyngitis*, or *laryngo-pharyngitis*, papillary sore throat, etc. Not unfrequently the disease extends along the mucous membrane of the parts involving the Eustachian tube, the tonsils, uvula, base of the tongue, and pharyngo-nasal walls, to a greater or lesser extent, as well as the larynx, trachea, and, in extreme cases, even the bronchi.

Ordinarily, the first symptom noticed by the patient is a sense of dryness in the throat, especially while speaking, reading, or singing, for which an attempt at relief is made by swallowing a draught of water. In time, this sensation gradually increases, with additional ones, as tickling, scratching, tingling, smarting, or burning in the throat, ultimately preventing the person from any professional exercise of the voice. With some, there is a feeling as if a hair, bristle, or other foreign body were in the part, and the patient "hems" or "hawks" to remove it; the expulsion of a little mucus affords temporary relief, when the same feelings are again experienced. Frequently, after a silence of an hour or so, the patient will be unable to speak until the throat has been aroused as it were by hemming, or by a short, hacking cough. As the disease progresses the voice becomes changed, hoarse or husky, and which condition is greatly aggravated by any kind of vocal exercise, by remaining in a cool place, or under exposure to a dusty atmosphere, tobacco smoke, high wind, acrid vapors, and the like. In some instances, the same effects follow constipation, and the ingestion of acrid, indigestible substances.

This condition of things may persist unchanged for years, when, from constant exposures to the essential, or to the predisposing causes, the symptoms become more and more aggravated; dryness, tickling, or constriction in the throat is augmented; a sense of weight, or a dull pain is experienced in the nucha, or in the region of the sternum; the voice becomes rough, harsh, and often inaudible or momentarily gone; and cough is more frequent, dry, and annoying. Throughout the whole course of the disease these symptoms will be found to vary considerably, not only with different subjects, but even with the same person at varied times. The general health of the patient is apparently good, unless other pathological conditions are present, as catarrh, digestive disturbances, uterine maladies, or nervous affections, etc., and which, according to my own observation, exert no other influence upon the pharyngeal condition than to render it less amenable to treatment while these adjunct maladies are present.

An examination of the pharynx will detect instead of the normal red, smooth mucous membrane of this part, a more or less violet redness, and sometimes small bloodvessels passing in various directions, with a relaxed and thickened condition of the membrane. This condition may be observed in patches only, at various parts, may involve the whole of the observed pharynx, or may have extended into the neighboring organs. As the affection advances, the pharynx becomes rough, studded with red, roundish elevations or pimples of various sizes, and which, not unfrequently, are surrounded by a net work of vessels. These are the tumefied follicles, and, according to their location, size, and arrangement, may present a punctiform, lenticular, elliptical, arborescent, or ramified aspect.

When these enlarged follicles are filled with a dry mucus, or muco-pus, they present a yellowish-white appearance, with a grayish-white point on each indicating the opening of its excretory canal. In a more advanced stage patches or strings of mucus will be seen adhering to various parts of the pharyngeal or naso-pharyngeal walls; or the enlarged follicles may have ulcerated, the surface of the ulcers discharging a grayish secretion.

purulent and occasionally sanguinolent. The follicles of the uvula, the tonsils, the pillars of the soft palate, the base of the tongue, and occasionally, the soft palate, will, at some period of the disease be found involved, presenting slight modifications, or, redness, hypertrophy, etc. In the examination, the tongue holder should not only press the tongue downward out of the line of vision, but should also draw it somewhat forward, so as to bring a greater extent of surface into view. A good light should be thrown upon the pharynx; the light of a clear day will answer, if the patient be placed in proper position. A laryngoscopic examination will be required only when the larynx becomes involved.

This affection is rarely encountered among children; more commonly among adults of the age of twenty and upwards, usually manifesting itself very gradually. It has frequent exacerbations, leaving the patient undisturbed for days, weeks, and even months, especially during moderately dry and warm seasons, or under severe hygienic influence. It is by no means a dangerous disease, though one to be dreaded by those whose professions require the use of the voice, viz, singers, lawyers, preachers, lecturers, actors, etc., as it interferes more or less with their vocal exertions. Some authors have supposed that it determined tuberculosis, however this is not the case; true, it may co-exist with phymatoses, but much more seldom than has been stated. It does, however, give rise to inflammatory attacks of the middle ear (deafness), of the œsophagus (dysphagia, difficulty or trouble in swallowing solid particles of food), of the trachea, and even the bronchi; to a peculiar fronto-temporal uneasiness; or, to a strong, disgusting, *œsena*-like odor. In the absence of other maladies, granular pharyngitis is curable in all its stages, requiring, however, a long period of proper management and treatment. The idea of its incurability has arisen from the fact that patients will not pursue the treatment for the requisite period, nor submit to the necessary hygienical and therapeutical measures, which are often in opposition to social exigencies, and, consequently, rest satisfied if their disagreeable pathological condition is simply ameliorated.

Patients afflicted with this disease seldom apply to the practitioner for relief, until the symptoms have become quite troublesome and annoying, that is, not until the malady has made considerable progress. In every instance the essential and predisposing causes should first be ascertained if possible, that they may be removed or greatly modified. If the patient be a singer, a speaker, a smoker, etc., he must be required to suspend all excessive vocal gymnastics during the whole period of treatment, to abstain from tobacco, etc., and so for other causes. Exposures to cold, to sudden changes of temperature, to dusty atmosphere, and to draughts of air, improper diet, constipation, late hours, excesses of any kinds, must be strictly prohibited. As to internal treatment I have no confidence whatever in it, except for the removal of any accompanying malady, or epiphenomenal symptoms.

In those cases where the smoothness of the pharyngeal mucous surface remains undisturbed, presenting rarely a slight vascularity, with an enfeebled, impaired, or imperfect voice, especially annoying to singers, I have invariably effected a removal of the difficulty by the persistent use,

two or three times daily, of a spray of finely powdered chlorate of potassa, thrown directly upon the parts. In other instances, I have for a few years past, successfully employed the measures about to be described. Once per day, the pharyngeal membrane, both superiorly and inferiorly, is thoroughly sprayed with a small portion of a powder composed of equal parts of very finely powdered Seneca snake root (*Polygala Senega*), Wild Ginger root (*Asarum Canadense*), and black extract of liquorice, mixed thoroughly together. This preparation must be kept dry and dusty; if it become damp, or in coarse powder, it will be useless.—Twice per day, the same mucous membrane is sprayed with a fluid composed of iodine 15 grains, iodide of potassium 40 grains, phenic acid (crystals) 10 grains, glycerine, distilled water, each, 6 to 12 fluid ounces, or even more. Should too much irritation follow the application, a half fluidrachm to a fluidrachm is a sufficient quantity to be used at each sitting. The same fluid is applied to the larger prominences, by means of a short hair pencil, or some cotton on a probe. Very large and hard follicles should be scarified every few days, and then be touched with the above named fluid, with pure concentrated nitric acid upon Howe's stick porte-caustic—or, with a dilute solution of perchloride of iron.

Any ulcerations may be treated by the nitric acid, as above, or by a solution of, iodoform one part, in three parts of glycerine, and one of alcohol.—When there is considerable relaxation of the mucous membrane, the following fluid spray should be substituted for the one above named, or they may be used alternately: take of iodine 15 grains; tannin 40 to 80 grains, distilled water 4 to 8 fluid ounces; mix. From half a fluidrachm to a fluidrachm may be used at a sitting. If the tonsils be enlarged, or the uvula be elongated, before removing by knife, try for several weeks the local application to the hypertrophied organ of the following preparation:—To a carefully dried ox-gall, add enough saturated solution of hydrochlorate of ammonia to form a paste of proper consistence. Apply twice a day, holding it upon the parts for a short time with pressure.—Constant cough and pharyngeal irritation may generally be relieved by holding a piece of black extract of liquorice between the cheek and gums, allowing it to gradually dissolve away. I prefer those sticks in which the extract has been freed of foreign matters, and then mixed with gum arabic.—I have had but little or no permanent success in this disease from cauterizations with nitrate of silver so universally advised; the application of which, in my own experience, has tended to lessen the elasticity of the tissues, rendering them stiff, more sensitive to exposures, and less disposed to assume a permanent normal condition.

#### ART. LXXXVII.—*Bones—their Physiology and Pathology.*

By Prof. J. A. JEANCON, M. D. (Continued).

Another feature presents itself under the microscope: the lamellæ are found to be a network of still fewer channels than the Haversian. They freely inter-communicate. In the midst of the thickest part of them wider spaces of a somewhat irregularly ovoid or lenticular shape are seen; these wider spaces give origin to those fine channels. These last have

erroneously been called calcarious canals, and the wider spaces bone corpuscles. The outlets of all these canaliculi are into the Haversian canals, into the medullary cavity, and upon the outer surface of bone.

In dried bone they are filled with air, but in bones soaked in spirits of turpentine they fill up with it, and the lenticular spaces look empty under the microscope, and an early microscopist gave them the name of lacunæ, or empty spaces. After a while we will see the meaning of all these different structures, etc.

Supposing we take a sheet of paper, rolled into a cylinder, or very narrow pipe, then let us take another sheet and wrap it around this, then a third, and fourth, and so on, and we will have a cylinder the walls of which consist of several layers or sheets.

Now let us place a number of such cylinders one upon the other, put them all into a cylindrical mold. Then let us place a mold or core in the middle of these cylinders, and subject the whole to a certain pressure, in such a manner that the outside should be more compressed than the inner, and form all into one single cylinder; then we will have obtained something very much like a long bone. By removing the core or inner mold we will have a cavity the walls of which will not be near so dense in texture as the outside of the cylinder.

If we imagine that there be transverse cylinders, like or nearly like in diameter to the longitudinal measure, which keep up communication between the latter, we will find in allowing any liquid medium to circulate through all of them, that this circulating substance will with more ease pass from one cylinder to another the nearer we come to the innermost cavity, than in that part nearer the outside of the complex cylinder. For the material is the most dense outside and the least inside, and the canals are more open in one than in the other. Let us further imagine that a system of such combined cylinders be placed in a flat mold, and the pressure be used as in the former case, we will have obtained the same result, the substance will be flattened but more dense outside than inside. The flat bones are this way. In the long bones we have the narrow cavity; in the flat bone, the cancellous or loose tissue.

Now, supposing we want to use this complex paper cylinder as a column to support some heavy body, and also to serve the purpose of a lever to lift a certain weight, we will, from a mechanical necessity, have to project the walls of the cylinder at either end, bend them and so bring them together as to form an arch; also to place some intermediate substance on top of this arch and fill up both curved sides, in order to have a more or less horizontal plane for the support of the weight to be placed on top; but for the purpose of using this same cylinder as a lever we would have to place a cap with articular surfaces adaptable to the mechanical contrivance necessary to act upon it, to lift it further for the purpose of purchase for the lifting mechanism.

A long bone, say a femur, or a tibia, has all these mechanical advantages in its shape and structure; the cylinder acting as column or a lever, is the diaphysis or the shaft proper; the intermediate horizontal plane, the diaphyso-epiphyseal cartilage, that caps the epiphysis, and the projection for the purchase of the force acting upon the lever, the apophysis.

Flat bones are somewhat different in their structural arrangement, but are, in principle made up to meet all mechanical demands upon them. The peculiarity and fitness of the internal osseous structure, for mechanical ends, has to be studied separately. When we consider, that each of the layers of bone, round a Haversian canal composing a *laminated cylinder*, is not a solid sheet of matter, but a very close net-work of extremely fine tubules, and that these tubules inter-communicate with one another in the same layer and with all of the other layers inside and outside of them, also with the innermost general cavity, and outer surface of the cylinder, and they are supplied with blood and lymph by a double series of vessels, carrying blood and lymph to and from the bone, then we will have an idea of the vast means existing there for the purpose of nutrition and growth.

Investing bone, is a tough, highly vascular membrane, the periosteum. Histologically considered it is the lifelong remainder of the primitive matrix of the bone. It continues to be not only what it was at first in the embryo—when it gave birth to the earliest cartilage cells—but is also a store-house for material for the nutrition and repair of bone. Corresponding to this periosteal membrane, though somewhat modified in structure, and in continual communication with it, is the medullary tissue, or marrow. This too is a store-house for material of nutrition, growth and the peculiar function of bone, that is, of producing and perfecting young bone cells. These two, the periosteum and marrow, are integral structural elements of all osseous tissues.

**OSTEOGENESIS.**—With the exception of a few facial bones which are formed from fibrous tissue, all others, flat, short or long, are already pre-formed in the first months of foetal life, and exists in a so-called cartilaginous state. They are translucent and contain no vessels. In structure they resemble very much already formed bone; they are made up of concentric lamellæ, only they have no Haversian or medullary canals, nor any general medullary cavity. The lamellæ are composed of a compact ground substance, of a somewhat fibrous arrangement and of chondric capsules imbedded therein. Each capsule consists in a fine membranous bag containing one, two or more cells. All bones destined to have joints, have at their future articular extremities a peculiar cartilage—the arthro-genous, which will be transformed with an articular cap, and while in this state connects the chondric bone to its neighbor.

A cylindrical sheath, the perichondrium, encloses the whole. It is composed of two layers, one, nearest the bone, of epithelial connective tissue cells; the other, external, of fibrous connective tissue and some few keratoid cells. The sheath contains very numerous blood and lymph vessels. The trunks of the vessels lie in the *periosteal* tissue, which separates the bone from the muscles, tendons, fasciæ, and holds the place of subcutaneous, paramuscular and paratendinous tissue in the adult. Where the tendons connect with the perichondrium they contain some blood vessels whilst the perichondrium is devoid of them at that place—the reverse of the adult condition. But after awhile the tendons lose their vascularity and remain so during life.

In the first month of foetal life the largest nutrient vessel enters into the

perichondrium from the periosteal tissue at about the middle of the long bone, into shorter bones somewhat later, into some after birth and adult age. When this takes place, the artery which has now become and will remain the chief nutrient vessel of the bone, sends forth into the cartilaginous bone vascular loops, which introduce the process of ossification. In the meantime the ground substance of the bone has become more opaque from infiltration into its tissue of a large quantity of earthy matter, and has become almost solid, the chondric cells imbedded therein have become very much irritated and passed into an intense state of division, or proliferation; as the ovum is irritated and put into a state of self-division and proliferation by sperma corpuscles, so do these multiply intensely by the irritation exerted upon them by new bodies coming from the blood, the white blood cells; at this period the bone commences to undergo transformation. There are two distinct processes, apparently antagonistic, yet in reality one complimenting the other, going on at the same time in the work of ossification, which have so long mystified and puzzled the older anatomists, and made the subject so obscure. The two processes are: the formation of chondric cells, with enormous force as if the cartilaginous bone was determined to remain always in this condition, and the formation of young true-bone cells from new *round-cells* coming directly from the blood, putting away and destroying the cartilaginous tissue. This double process has caused the assumption that there are two kinds of newly formed cells, the *osteoclasts*, or bone destroyers, and the *osteoblasts*, or bone sprouters or producers. To follow the progress of the ossifying process under the microscope is very interesting, and is very important from a pathological point of view, as will hereafter be described.

---

**ART. LXXXVIII.—Letters from Prof. Scudder.**

PARIS, July 14, 1876.

The atmosphere of Paris is not conducive to medical study at this season of the year; at midday it is quite as hot as at Cincinnati, though fortunately the nights are cool enough for sleep. Paris is one of the healthiest of the great cities, though why this should be I can hardly understand. The country is flat (comparatively) and the river Seine so sluggish in its movements that you can not tell the direction of its current. Still, when you see that it runs between substantial stone walls, and the quays are paved to low water, the engineering of the city being such that surface drainage is most perfect, and above all when you read of the underground sewers which are as constantly cleansed as streets in our cities, one can see why they have health—they avoid some of the most common and potent causes of diseases.

I often wonder whether the readers of the JOURNAL do not get tired of the perpetual reiteration—"that dirt is the most common cause of disease," and that men, civilized men, carry it about with them, sleep in it, rest in it, eat in it, have it emptied into their wells, their cisterns, their cellars, and have its exhalations poisoning their food. Dirt that is the foulest of dirt, the nastiest of dirt, the most offensive of dirt. And yet when one has suffered from a long attack of fever or inflammation, or

when one has died from it, we talk of an "inscrutable providence," and sanctimoniously say: "The Lord gave and the Lord hath taken away"—a most foul libel on the Almighty.

Well, the Parisians are not a very religious people, and have not so much confidence in "providences" as some other people; so they keep things clean, and avoid disease. They have their fictions like others: one is that the water for use is not healthy to drink; "it will gebe you an ache in your stomesh," is a very common reply to a request for a drink of water, if the person speaks broken English (we speak worse than broken French). It is a little singular to see the native manage his water. It becomes healthy if he squeezes a little lemon in it and adds a little sugar—or makes a very poor lemonade with citric acid. Wine, good, bad, and indifferent, is supposed to correct the water, syrups of raspberries and other fruits are used by those who do not like wine. A few drops of brandy is thought to be a corrective, as is "bitter water," and I do not know how many other things. They drink the water with these, and it is really only the water that the body needs. How often we see something of this kind in other things, and by other people than the French.

**WATER AS A REMEDY.**—By-the-by, I think I have learned one thing with reference to mineral waters, and places to which people resort in summer for health. At the "springs" it is the rule to drink deep and often. It is the fashion to "drink the waters," and it is impressed upon you by every one you meet that "you must drink the waters," "come to the spring" will be repeated a dozen or score of times a day, and you find yourselves drinking like a fish (?) before you know it.

You are surprised that such large chamber utensils are furnished by the hotels, though this surprise fades away when you see how often they are required—the water taken so largely must have an exit. It really does not make so much difference what the water contains—a little carbonate or sulphite of soda, common salt and carbonic acid gas—it is all the same; "water is nature's solvent," and water the patient gets to wash the impurities from his body.

There are cases of disease that require water in large quantities as the curative agent. The people are thin, stringy, dingy, muddy, with scant hard fæces, scant high-colored urine, dry husky skin, or skins that seem to breed bad odors. It is not only one of the best alteratives, but is also a tonic and restorative. We can readily prescribe it. Here is a bottle of carbonate of soda, acetate of potash, phosphate of soda, sulphate of soda (this is especially good), carbonate of lithium (if the patient is an old rheumatic)—add as much as will lie on the point of a knife (define to the patient this quantity—always small), to a glass of water, and take three or four or six times daily. Be sure that you get plenty of water.

In many cases it is the best way to use the vegetable alterative. The "fathers" had excellent success with the vegetable alteratives in weak infusions, the quantity of diluent was a prime factor, in the success. You want to use stillingia, one or two drops to a glass of water; you want compound sirup of stillingia, combine the tinctures, and have the patient take his two to five drops in a glass of water. The acids prove admirable remedies in some cases—just enough of nitric, muriatic, sulphuric—or

sometimes citric acid to give the water the taste of an acid—being sure that they are weak enough. We use the bitters in the same way, nux vomica and phosphate of hydrastia being favorite remedies.

But as I remarked at the commencement, the lesson I have learned is that in medicine, as elsewhere, "water is nature's solvent," and I prefer that we get the advantage of mineral springs and watering places in our ordinary practice.

THE PRACTICE OF MEDICINE IN PARIS.—But I have wandered from the subject; we were talking of Paris, and I have no doubt your readers had rather know something of the practice of medicine in this great medical centre. I confess that in a brief stay it is not easy to learn all one would like, but a reference to the recent publications enables me to make a report, which I think will be found correct. Here as elsewhere I find practical medicine (therapeutics) far behind the other branches. The physicians have become more skillful in the ordinary methods of diagnosis, or in the study of pathology. But as regards the action of remedies they are just where they were twenty-five years ago. Remedies are recommended, because "they have been used with advantage," "been found useful" etc., etc. To show the character of the teaching and writing I will quote from a recent work on vegetable remedies—by Docteur Saffray; the remedy belladonna:

"Belladonna seems to be the remedy par excellence, for neuralgia. When the affection is superficial, it suffices to apply on the place of pain a cataplasm of crushed fresh leaves, or less of crushed roots. In other cases an infusion is made of 30 to 60 grammes of the herb to a litre of water, the whole being taken in the course of a day. It is an excellent remedy for calming the pain, dulling the sensibility, preventing or arresting convulsions or averting the spasms which accompany the nervous crisis, and in tetanus.

"It counts numerous successes in the dry colic, nervous vomiting, cough, palpitations, asthma, quinsy, spasmodic contractions (croups), strangulated hernia, and under flow of urine.

"In the hands of oculists it renders great service in dilating the pupil, and contributes by its sedative virtue to the cure of ophthalmia.

"In whooping cough belladonna is the remedy on which we can most rely; as soon as the catarrhal period or inflammation is dissipated, we administer each four hours two to five centigrammes of the powdered root, augmenting the dose according to circumstances. This treatment, which promptly moderates the fit of coughing, often brings about a recovery at the end of three or four weeks.

"Lastly, it seems proven that the use of little doses of belladonna—two or three drops of the tincture for children of three or four years—protects from scarlet fever.

"It happens for this medicine, as for many others, that one does not return from it wholly well, or likewise that one runs aground in its use, for want of continuing it long enough, or arriving at *strong* enough doses. When the symptoms to combat are grave, it is necessary to augment or bring together sufficient doses to produce what is called the 'physiological effect' of the medicine—that is to say the disturbance (or uneasiness) which precedes the effect a too great quantity is able to produce."

In reading *materia medica à la French* I am continuously reminded of Jones & Scudder—though it is a little more antediluvian. Vegetable remedies are in considerable use in France, and not unfrequently an infusion or decoction is ordered. Some of the remedies have quite a familiar appearance, and the names remind me of home. They have a specimen of *geranium (rolestranum)* *saponacia officinales*, *tussilago farfara*, *arum maculatum*, *actæa spicata*, chamomile, rue, veronica off., *chelidonium*, *fraxinea*, *excoelsior*, Solomons seal, *centaurea*, *verbena*, *vervain*, and many others which would sound familiar.

One of my authors well remarks that "medicines that are simple, assisted by moderate exercise, and out-door air, will often prove the most efficient, and plants from the woods, under these circumstances, will sometimes form sovereign remedies."

In this I agree with our French authority to a dot, and if they would follow this teaching I have no doubt they would have good success. But unfortunately for the very sick, comes the uniform recommendation—"when the symptoms to combat are grave it is necessary to augment, or bring together sufficient doses to produce what are called the physiological (poisonous) effects of the medicine."

GENEVA, Aug. 6, 1876.

I believe that I have named that information with regard to medical matters does not come to one whilst traveling—it must be looked up, and that is a work of no little difficulty. Thus far I have been satisfied that medicine in our country is quite as far advanced as in Europe. And I would not give *our* principles and practice for any thing I have seen or learned of.

Diagnosis is a prominent study, and there is no doubt but great proficiency is attained in this. But what is this diagnosis? You will find that it has not the slightest relation to treatment, or to individual remedies. Your doctor will name you a disease accurately; and he will describe to you with great minuteness the changes that have taken place in parts; and he will describe in learned language the probable cause, course and termination of the disease, but he has a poor routine of remedies wholly unrelated to his knowledge of disease.

I had a little curiosity to see the prescriptions of continental physicians, and have been gratified to some extent. The majority use but little medicine. I find a very common prescription is the old *aqua laurd-cerasi*—cherry-laurel water. I found it prescribed for whooping cough, for the cough of consumptives, for bronchitis, for fever, etc. Drug stores—pharmacies—have an odor of bitter almonds—where it is not drowned by odors more vile.

But German physicians have adopted the system of Priessnitz—the "water cure." For all acute local diseases you will find them ordering a pack—a water bandage covered with oiled silk to prevent evaporation. In some cases it will be ordered hot, in others tepid, in others cold, and there is no doubt that it is much more effective than our fomentations, poultices, and counterirritations in the majority of cases. I say *our* though I have discarded these old applications for many a year, and you do not use

them. I am guilty to the extent of recommending the class to apply a mush jacket in pneumonia, but after this I will recommend the water pack and oiled silk. I am also satisfied with our methods and facilities for teaching, as compared with the European schools. I have not seen a better college building than our own, and I have seen no one that would compare in cleanliness and freedom from bad odors—thanks to our janitor Hickman—what they have here that we want is *time*. If it were possible to impress upon our students that two, three, or four years of college instruction were necessary to make good attainments in medicine, we would have better physicians than they can make here.

The University buildings at Heidelberg are very ancient, and not very convenient I should judge, though it ranks among the first in Europe. The lecture room for the professor of physiology resembles our old amphitheater, though neither so large or so good. The professor, however, had abundant materials for drawing—a half dozen blackboards, and an assortment of colored chalks. By-the-by the art of drawing is one to be cultivated—I take a great deal of pride in my ability as a *drawist*—though it always takes a prolonged explanation to make the boys see the point, and they are very much in the habit of laughing, as if I had made a joke. I hope the professor at Heidelberg does better.

I still remark that the position of the “doctor” in this old country is very much better than in ours—which is one of the things we want to reform in the days to come. I hope to live to see the day when our physicians will all be well dressed, hair cut, clean shaven, boots blacked, gloved to have a delicate sense of touch, ride good horses, drive good carriages, live in good houses, and be in both outward appearance, and in mind, educated gentlemen. Our country is growing older, and backwoods attainments and manners will be less profitable. As a school of medicine we have made a good stride in the right direction in the past ten years, and we can do much more in the next ten—if we will.

In Europe you do not hear of different schools of medicine—with a very small homœopathic exception they are all regular. In England they have a few herbalists, botanics, and some who call themselves eclectic, but on this side of the channel I hear of none. There are homœopaths in all the principal cities and towns of Europe, but America is the paradise of homœopathy.

The question of “women doctors” is agitating England, and was again up in Parliament last week—it was whether women educated and receiving degrees in other countries should be registered and allowed to practice in England. The argument that killed the bill was “that if they allowed the registration of women holding foreign degrees, next year they would be asked to give the same privilege to men.

I notice that there are sixty-three women studying medicine in Switzerland, twenty at Paris, and one in Italy—rather a poor showing—we can do better than that in our country.

I named in a previous letter that people managed to die in this country notwithstanding the pure air, abundant supply of water, and uniform temperature; and one of the causes was certainly a want of cleanliness. With the poorer classes it is a country of mal-odors, and though they

claim that its sanitary condition is much improved in the past twenty-five years, it still needs improving.

This is the land of "cretinism," and of all the poor god-forsaken specimens of humanity I have seen the cretins are the lowest. They are an interesting study as showing how low man may descend. A good specimen of cretin ranks lower in the scale of animal life than any of our domestic animals. He is deformed and animalized in body, and so dwarfed in mind that you have difficulty in determining sometimes whether he has mind at all. The disappearance of cretinism is attributed to better hygienic regulations, and it is hoped by the authorities that in another generation it will have disappeared.

One thing is very certain that man may descend as well as ascend in the scale of humanity. They may descend until they become imbruted in mind and body, and almost lose the semblance of human beings, as in the case of the cretins. Or as the history of civilization proves, they may continue to ascend until there seems to be nothing that men cannot accomplish.

As you know, I am a firm believer in "Darwinism," and I see its evidence in the retrocession of the cretin, as I do in the high development of the Anglo-American. It is a pleasant thought, that man will continue to advance, until the man of the future will far excel the man of the present.

I will write you again from Paris, and give you my impressions of medicine in that city, though I labor under the serious difficulty of "nicht parley Francais worth a nickel;" but you should hear me say damn in dutch!

---

PARIS, August 16, 1876.

I have been to and through the *Ecole de Medicine*, and though it is vacation I have something to report. On the outside the building is a magnificent one, and the visitor wonders that with such outside show, there are such meager inside accommodations. The principal lecture room is an amphitheater that will probably seat four to five-hundred if they are crowded. It is a half circle like ours, and but very little larger—probably forty by eighty feet. The ceiling is a half-dome, lighted from the top, and it contains three magnificent paintings representing the advantages of surgery to the public in war and in peace. The stand for the professor is not larger than ours, and his tables are not so good. There is the same arrangement for bringing in the cadaver, but the room for prosecting is smaller.

But I should like to see our boys on these benches for a session—I think we would never hear a complaint about our accommodations afterwards. Think of sitting on a board thirteen inches wide, without a back or any thing to rest yourself upon, and your legs cramped for want of room (?) A Frenchman must be pretty tough to stand it. Still this seems to be the uniform custom of seating students in medical colleges, for we have examples in our own country, as for instance the old Jefferson Medical, and University of Pennsylvania.

I visited the laboratories of the Sarbonne and it struck me that in all

the appliances and material for study they would hardly rank with our second class colleges. I may be prejudiced in favor of our own land, and yet I believe I know a good thing when I see it. I surely know that in magnificence of structure, in interior accommodations for students, in all the material and accessories of study, the old university town of Oxford, England, is far in advance of any thing I have seen on the continent.

I have seen the museum of Dupuytren, and spent a profitable half day in it, much to the disgust, I fear, of the old janitor who had charge and was obliged to watch me. But with true French politeness he did not hurry me. It is a fine collection for the surgeon, and I fear our Prof. Howe would be tempted to lay violent hands on some of the illustrations of badly united fractures if he were left with them. Think of 170 specimens of badly united fractures of the upper extremity, and nearly as many of the lower. Some of them illustrate the reparative power of the body in a most striking manner.

There is hardly anything in the practice of surgery that does not find its illustration here, and it would be a most excellent field for study. But here as elsewhere students do not make the most of their opportunities. I asked a gentleman who was conversant with the college and the ways of students, if the classes frequented the museums much. The answer was, as I expected, that 99 out of 100 cared nothing for them, and would much rather go to the wine house or with a grissette, than to study pathological specimens.

I have also visited the establishment of Mon. Vasseur, pre' parateur d'anatomie, and seen the latest preparations and models of the chief artist in this line in Paris. The anatomical dissections are wonderfully real, not only in their appearance, but to the touch, for they are made of some preparation of india rubber, and are very elastic. They also showed me some very fine preparations of bones, and I think I have learned enough to get up some American bones in good style.

Their prices are high. I paid \$3 in gold for a temporal bone—showing the structure of the internal ear. They asked \$12 in gold for a skull (separated bones), \$40 in gold for a fine articulated skeleton, \$150 in gold for a skeleton showing the ligaments and circulation of the bones. Of the preparations in caoutchouc, a dissected pelvis, in half, showing the organs of generation, cost \$30 and \$60 in gold; whilst a complete dissection of the body in its different parts would reach \$3,000 in gold.

One thing we will do, we will get out our cabinet, have it cleaned and repainted, and put it where students may use it again—if they will. We have a large number of specimens, and much material—quite as good as I see in the schools here.

By-the-by I might relate the history of our reading room once more. Many years ago we concluded that it would be a good thing to put material for instruction where the young gentlemen could use it in the evenings when they visited the dissecting room. With this good intent we fitted up a room with carpets and chairs, an excellent medical library and some two-hundred and fifty anatomical and pathological casts. In it were some of the rarest illustrated works on medicine—in fact all the material for study. The janitor had a good fire, and the room was well lighted

and cosy. The students dropped in during the evening in twos and threes and looked around and went out—but seven sitting down to study. The next evening but five attended, then four, then two, then one for two nights, and finally not a soul sat down with book or study, and after keeping the room warmed and lighted for two weeks we closed it in disgust.

Our reading room under the old amphitheater did better, for the class would read between lectures, and at odd times whilst waiting. The only drawback was, that the books continuously “took to themselves wings and flew away,” so that the expense of renewal amounted to \$100 per year. In one year \$325 worth of books were missing. It could hardly be otherwise when they were so constantly exposed.

I visited the famous surgical instrument shop of Charriere Rue, Rue de Medicine, as well as the others in the vicinity, and repeat again that one can find a better assortment, and finer looking instruments at either Max Woche's or Autenrieth's in our city. Indeed it seems to me we have model stores, and goods that cannot be excelled. I doubt not the French instruments are as good, and it may be a Frenchman would say the form was better, but I should take ours in preference.

I do not fancy the drug stores of Paris, neither in outside appearance or inside furniture, they are far behind our first-class or even second-class stores. The only real fine pharmacy I have seen was Homœopathie. The odors of the drug stores remind one of old physio—and old physio's pill-bags—I don't want much of it in mine.

**ART. LXXXIX.—“*Diseases from Soap.*”** By J. U. LLOYD.

In the last JOURNAL I mentioned the fact that many soaps were made from all kinds of animal fats and flesh; this is too well known to require further notice, every one is acquainted with the traveling soap grease man and the indiscriminate manner in which he mixes all kinds of putrescent animal matters together in the tightly covered wagon bed, and taking everything into consideration I am only surprised that the subject of diseased soaps has not interested medical men before this. There is one thing to be taken into consideration though in regard to this question, and I believe the soap men should have the benefit of the doubt, and that is, will the process through which grease passes in order to be saponified, destroy organic poisons generated in putrid flesh? Will the action of alkalies, assisted with heat, purify poisonous oleaginous substances? Let this point be thoroughly investigated. I will now quote from the Philadelphia Sur, in regard to poisonous soaps, as follows: “It may appear surprising that soap is not an unmixed good, and some of the worst diseases have originated in or at least been carried about by the too frequent use of some kinds of the article. Soap fat is well known in the manufacture of soap, and owing to its condition and the imperfect way in which it is refined it sometimes contains most deadly poisons, which by friction upon the skin are introduced into the pores, gradually soak into the blood and develop into some local affection for which no cause can be assigned. Typhoid fever has often been produced in this manner, it is ascertained positively, but the most common form in which soap has made itself felt is in the

production of diphtheria. It has been an inexplicable fact that while doctors have been urging great cleanliness to avoid this disease, it is precisely where this has been most shown that the disease has made most ravages. The board of health have been constant in its efforts to prevent diphtheria by urging cleanliness with a result that is already known by the constant increase of death.

"In an interview on Thursday with a well known physician of Philadelphia, he told a reporter of the Sun he had his attention called to the matter a few weeks ago by hearing some physicians speaking of it after a meeting of the college of physicians and surgeons in New York. He felt inclined to ridicule the matter at first as preposterous, but was induced to give it some attention. He has since become convinced that the matter is a much more important one than at first appears, and that it opens a vast field of new inquiry. He is confident that the indiscriminate use of soap is one of the main causes of some diseases, the origin and treatment of which have hitherto baffled science. This is particularly so as regards diphtheria. He has in some cases made an analysis of the soap used by persons having diphtheria, and has found that it was in an unhealthy condition, caused no doubt by the use of putrid soap-fat in the manufacture. This being absorbed by the pores must certainly enter the blood, and might cause any variety of disease in the person using it beside mere diphtheria. But in examination he found that not only the common washing soaps are liable to this, but that, if anything, the highly scented soaps are even worse. In none did he find so much putrescence as in the highly perfumed French soaps which are so highly prized. It depends very much upon the constitution of the person whose pores absorb the poison whether it turns to one disease or another. An endless variety of maladies might result. If in the lungs, it might bring consumption; if in the kidneys, Bright's disease, and so on."

The article goes on to say: "It has been found that a large proportion of the soaps now used are made from putrid and filthy grease obtained from tenement houses, jails, hospitals and public institutions, and which no possible process can remove of their impurities, and render fit for human use. The medical faculty of Paris and London have already sounded the key note of warning in this matter. Alarmed at the increase of disease transmitted from impure soaps they have impressed on the people the necessity of only using soaps of tested purity. The mortality of children which is now so great is also attributed in large part to this indiscriminate use of soap."

The article I have made the foregoing extracts from, contains an extensive amount of reasonings against the use of our common soaps. Whether they are warranted or not each person reading the piece must decide for himself, however it does seem reasonable, and an endless number of ailments may be generated by poisonous soaps, skin diseases especially it seems natural to infer would be produced by the poisons generated by the decayed animal matter of which many common soaps are made.

The question now arises what shall we do to protect ourselves? Physicians may ask why I have spoken upon the subject? and desire me to name an antidote for soap poison. This I cannot do, as I am not so wise as our

patent medicine men with their cure alls. I cannot name an article that will cure typhoid fever, consumption, diphtheria, etc., but I can quote an old adage: "An ounce of preventive is worth a pound of cure," and say that the way in my opinion to prevent soap poisons is to keep away from poison soap. Genuine castile soap is made from olive oil. Of course the largest amount of castile soap upon the market is imitation soap made from animal grease—but pure olive oil castile soap can be obtained. I know several houses in this city that generally have it on hand, but they cannot sell it as cheaply as they can the imitation, and consequently their sales are not very extensive. They will sell it though for the same profit they do the spurious article, and I doubt not every physician reading this piece can supply himself, or have his druggist procure for him, a supply of soap that is not made from animal fat, at much lower rates than he can buy toilet soap. Advise your patients to use pure olive oil castile soap, and see that it comes from a reliable house. If you have never seen the genuine article (as many have not), procure some at once and post yourselves in regard to its characteristics. When I read the piece in the Philadelphia Sun I was struck with its reasonableness. I determined to use and recommend only vegetable oil soap, and I thought perhaps many physicians would thank me to reproduce the article for the JOURNAL.

---

**ART. XC.—The Teeth.** By Prof. A. J. Howe, M. D., Cincinnati, O.

Dentistry has become a science which covers the surgery of the teeth, extending upon ground never contemplated by the older surgeons. The dentist plugs carious teeth, and makes false sets which are easily worn, and that answer excellent purposes. An old person who has lost the teeth can not talk easily and enunciate properly without a substitute for those which are gone. And it is a fortunate circumstance that the skillful dentist can fit upon the alveolar arch a single tooth, two or three in a group, an upper or lower full set, or a double set, all of which can be removed at night, or at pleasure, and re-inserted at will. The false teeth are usually fastened to a gold or vulcanite plate or palate, which is so constructed that it stays in place by atmospheric pressure.

When the first set of teeth erupts, the child is from six to fifteen months old; and this dentition is usually attended with pain in the alveolar processes, gums, and adjacent parts, and with great systemic disturbance. The stomach becomes sensitively nauseous, the bowels loose, the head hot, the abdomen protuberant, the flesh wasted, the breath fetid, the brain irritable, the lymphatic glands enlarged, the skin wrinkled and leathery, the eyes lustreless and sunken, the strength diminished, and every organ and function disturbed. The child rubs its gums with its finger or fist, manifests pain in the jaws, and worries almost continually. Meningitis and convulsions threaten. Under such a general morbid state, it is difficult to perceive the most available point to attack. The stomach and bowels claim attention, therefore those agents that favor digestion are suggested. But no great progress can usually be made until the swollen and aching gums have been freely incised. The finger finds where the budding teeth are pressing hardest, and that is the place to use the

**gum-lancet.** The pain attending the insignificant operation is slight, and only a few drops of blood are lost. In many instances the relief is so prompt and substantial that the child may drop to sleep in a few minutes. In several cases the worn out infant has dropped into such a profound sleep after the trivial yet much needed operation, that the mother has taken alarm, and sent for a medical opinion in regard to the cause of the heavy and prolonged sleep, the suspicion being that a stupefying drug had been administered.

After the gums have been successfully incised, the wounds may unite again in a few days, and leave the tension over the erupting teeth as great as ever, therefore a repetition of the incising operation may be required. I have repeated the operation several times, and always with more or less relief. The depth of the incisions should be great enough for the instrument to reach the teeth. Repeated cuttings do not make the cicatricial tissue more difficult for the tooth to get through, but easier if anything. A bistoury should not be used to cut gums lest the point be broken off against the teeth.

The *dentis sapientiæ* which appear at the age of eighteen or twenty, may make the back part of the jaws very tender, and create considerable pain. I have known an eruption of these teeth to make the patient quite sick for a few days. "Lancing" the tense gums generally is followed by satisfactory relief. These late coming teeth sometimes give trouble by getting pushed so far back that the coronoid process of the lower jaw is encroached upon, causing pain; and the soft tissues get squeezed between this process and the *dens sapientiæ* of the upper jaw. Occasionally an operation or extraction may be required to effect relief.

The alveolar processes are two osseous plates between which are the sockets of the teeth, bony partitions extending across from plate to plate, and contributing to the firmness of the teeth. The alveolar processes begin to grow with the teeth—keeping pace with them as they develop, and falling away or disappearing after the teeth fall out. A collection of calcareous matter around the neck of the tooth, pushes away the gum, and leads to the displacement of the teeth by wasting of the fangs, and to the absorption of the alveolar processes and sockets.

A tooth is composed of two substances,—enamel and bone. The enamel is that dense, polished, outside shell whose hardness resists the sharpest saw and only yields to the file. The enamel is thickest on the cutting edges and grinding surfaces of a tooth, and gradually becomes thinner on the sides and as it approaches the neck of the tooth. When the enamel cracks, acrid fluids reach the bony part of the tooth and provoke a carious action. The inner or bony structure of a tooth is denser than ordinary osseous material, but not as hard as the enamel. It resists decomposition in the earth longer than any part of the organism. A tooth in all its parts is permeated with vascular canals, and nerve filaments, though neither can be fully demonstrated in the enamel.

Every tooth has an internal cavity which opens at the point of the fang, and becomes expanded in the body of the tooth. The cavity contains nerves, blood-vessels, absorbents, and a pulpy matter. The nourishment of a tooth in a great measure is carried on through the lining

of the cavity, though the peridental membrane—periosteum—contributes to the support of the outside of the tooth. When this latter membrane becomes ossified through inflammatory action, the fangs and alveolar surroundings seem to be anchylosed.

A carious opening in a tooth is likely to cause pain, especially when exposed to the contact of acrid fluids, cold water and chilly winds. The enamel becomes discolored where it surrounds a carious aperture in the tooth, and when no pain discovers the disintegrating process, the dark stain reveals the work of decay. Besides, a disagreeable fœtor usually taints the breath of a person having a carious tooth.

Odontalgia may be commonly overcome by stuffing the aching cavity with the following compound:

R Chloroform, fʒj.

Laudanum, fʒss.

Tannic acid, camphor, aa. ʒss. M.

S. Crowd a small quantity into the tooth's carious cavity.

A paste made of arsenic or chloride of zinc, and forced into the cavity of a carious tooth, will destroy the nerve, so that it will never ache again; yet the disintegrating process will go on, and in time the tooth will crumble and disappear.

Pain along the alveolar arches may be allayed by applying great heat to the sides of the face, and by rubbing the gums with camphor, aconite, chloroform, oil of cloves, and various stimulating and anodyne sub-



Oral speculum.

stances. Almost every old woman knows of a famous tooth-ache cure. A sudden attack of "cold" is apt to arouse pain in sensitive teeth.

Ulcerated fangs often terminate in small abscesses—gum-boils, near the roots of the teeth; and the sufferer has a repetition of the difficulty every few weeks or months, until the cause is removed. Puncturing the gum to set free the pus may afford some relief. Ulcerative fangs are generally obstinate difficulties; and a dentist is not justified in the insertion of an expensive filling while ulceration at the root of the tooth is kept up. It is commonly judicious to extract, and not attempt to plug, a tooth with an ulcerated fang. However, I have known the cleansing and plugging of a carious cavity to arrest ulceration going on at the fangs.

Every city and large town now embraces a dentist, therefore a physician has comparatively nothing to do with disease of the teeth, except to cut gums at the first dentition, and to prescribe something for tooth-ache. But so many of my readers practice medicine in rural districts where no dentists are near, I have deemed it a duty to write a short article on the subject of

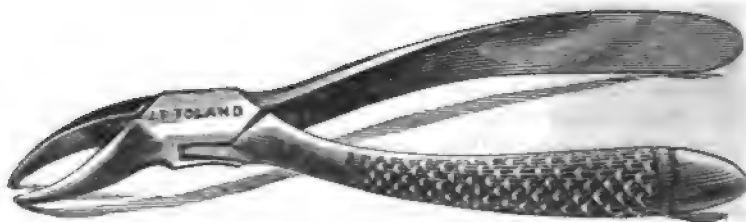
#### TOOTH EXTRACTING.

A dentist has a great variety of forceps and other instruments for extracting teeth, yet the country physician endeavors to get along with two or three pairs of forceps. The dentist has forceps fashioned for removing incisors, others for cuspidates, then others for bicuspidis, and still others for molars; and, indeed, special instruments for upper and lower teeth, as well as for peculiar shaped teeth, and for fangs. Lastly may be mentioned elevators, turnkeys, and other contrivances for displacing teeth and fangs. And even with all of these aids and helps, the experienced dentist occasionally is unable to clear a jaw of teeth and fangs. What, then, may be expected of a comparatively inexperienced physician, who has only three or four pairs of forceps for extracting every form and size of teeth that need extraction? If half the teeth subjected to his hand be not broken, with the fangs left in the jaw, the patients are fortunate.

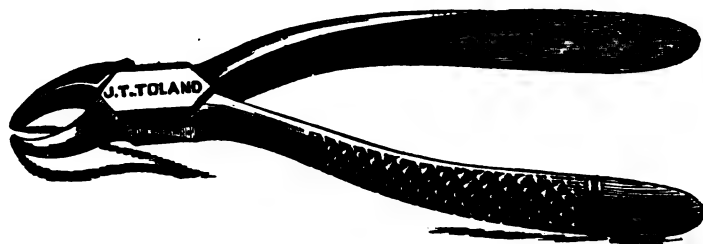
The teeth of some individuals are very brittle, and will consequently break under the grip of the forceps, unless the operator gets a good hold below the fragile part of the tooth. The secret of success in extracting teeth is to get a good hold before any force is applied.

Before an attempt is made to extract a tooth, a thorough exploration of the mouth is in order. The speculum oris is useful to dilate the oral orifice so the teeth may be viewed in a good light. A small blunt hook, such as is used in raising the tendon to be divided, in an operation for overcoming strabismus, may be employed to explore a tooth that presents a diseased appearance. The blunt point finds tender places and carious apertures. With it the depth of a cavity may be determined, and the strength of the tooth estimated. If a tooth be hollow to a point beneath the neck and weak part of the tooth, the beaks of the forceps must be made to displace the gum on each side, and to cut through the edges of the alveolar processes before the grip is given which is to seize the tooth beneath its brittle and decayed parts. It is generally a useless practice to incise the gums on each side of a tooth before the extracting instruments are employed. The beaks of the forceps are made wedge-shaped for the purpose of displacing the gums from the teeth.

In order to conform as nearly as possible to an economical stock of tooth-extracting instruments, I would say that four pairs of forceps embrace the smallest number that can be got along with in ordinary practice. A pair of forceps with narrow beaks, and slightly curved, will do to extract the front teeth of children, lower incisors, and certain fangs. Straight forceps are commonly employed for extracting both upper and lower incisors, but the moderately curved beaks, represented in the diagram, will answer a very good purpose, the operator accommodating his position, and that of his patient, to the easy application of the instrument.

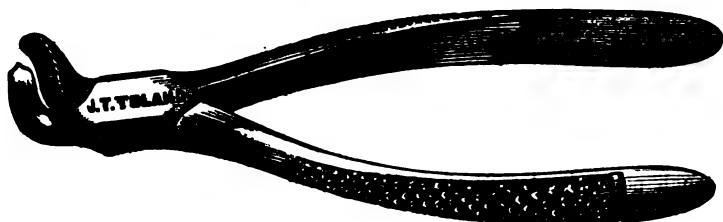


While the operation of extraction is going on, the patient's head should be held in a steady position. The forceps should be made of good stock, and so tempered as not to bend or break under the force ordinarily applied to them. The inner surfaces of the beaks are made slightly concave so as to clasp the cylindrical form of a fang or the neck of a small tooth; and the beaks should be slender enough to easily slide between the gum and tooth, even down to the alveolar crests. It may be necessary to incise over-lapping gums when a fang is to be extracted; but it often requires as much resolution on the part of the patient to have the gums incised, as it does to meet the forceps.



The accompanying diagram represents a pair of forceps, whose strength and beaks are adapted to the extraction of the superior incisors, the cuspidati and bicuspidate teeth, and the larger teeth of children. The variety of the teeth to be removed by this instrument renders it impossible for the blades to accurately fit all of them. This instrument is consequently, to be applied and used with the greatest care to prevent untoward accidents. The breaking of a tooth in an attempt at extraction, is particularly to be avoided. If the inside of the beaks be too concave, the instrument will break off the neck of the tooth; and if they be too near a plane surface they may crush the crown of a frail tooth. Such accidents often occur from badly fitting instruments.

The cut represents a pair of forceps which may be employed for the extraction of the inferior molars, including the wisdom teeth of the lower jaw. In place of this a practical dentist is accustomed to use at least three pairs. One instrument, fashioned as indicated in the diagram, in good hands, will remove the teeth just enumerated. To use the instrument advantageously the operator should stand on the right of the patient, behind his arm, and facing his side. The patient's head thrown back, to bring into view the teeth, is to be held firmly with the left arm, while the left hand steadies the jaw to prevent fracture or dislocation.



It is essential that the operator stand upon a stool, unless the patient be placed upon a low seat. Without this precaution many teeth might be broken that with it could be entirely removed at the first trial. The blades of forceps must be well arched on their inside, or the crowns of decayed teeth will be crumbled by their pressure.

None of the forceps previously mentioned are fit to extract upper molars, consequently one adapted to that purpose remains to be described.



The diagram represents it, and shows it to be a more powerful instrument than either of the others. It has a curve in it near the joint, to let it back into the mouth; and at the same time gives the operator control over these triple fanged and firmly set teeth. That the hand may exert more power upon the handles of this instrument, a curve is made in one of them to wind around the little finger. The instrument is well adapted to the extraction of the superior molars and the upper wisdom teeth. The patient, while these forceps are used, should be placed on a low seat, or the operator should be elevated. It needs great power in the hand to prevent the beaks from slipping from a tooth. When once grasped, the tooth should be strongly canted in and out, to loosen the deep set fangs, but short and repeated cantings are painful and useless.

With four pairs of forceps, fashioned somewhat like those represented

in the diagrams, the physician can extract any tooth that demands the operation. The first and second are nearest alike, therefore if the set be reduced to three pairs, one of these, or a compromise form of the two, is to be selected. They were originally devised by the late J. T. Toland, and called the *physician's set*.

The turnkey is an old style of instrument, and still occasionally used to dislodge a tooth which is decayed to the gum on one side; and for that purpose the clumsy hook and lever find a place in almost every dentist's operating case.

---

**ART. XCI.—*Polygonum Hydropiper*. (Smart-weed.)** By C. G. LLOYD.

The above named plant is so common and easily procured that every physician should gather his own stock of the herb. Many weeds belonging to the smart-weed family resemble very much the official species, although perfectly devoid of medicinal properties; the most common of these spurious plants—and one quite extensively thrown upon the market as *polygonum hydropiper*—is the *polygonum persicaria*. It grows larger and more luxuriantly than true smart-weed and is more common in wooded lands and hillsides. To distinguish it, observe that whereas the leaves are exactly the same shape as smart-weed proper, they are larger and of a darker green, while in the center of each leaf is a dark purplish heart-shaped spot entirely wanting in the true species. The flowers are usually pinkish and stand erect upon the stem instead of hanging over as do the flower spikes of *polygonum hydropiper*. The leaves and stems of this plant are almost tasteless, not the least trace of pungency or acidity being observed by the tongue. It is undoubtedly inert and physicians should learn to distinguish it from the true smart-weed which it so nearly resembles. I will mention that in certain localities it is known as "or-heart," a name derived from the heart-shaped spot upon each leaf. Unintentionally this plant is frequently gathered and thrown upon the market as the true *polygonum hydropiper*.

I will now endeavor to so plainly describe the true smart-weed in familiar language as to make it easily distinguished by any one from all others of the smart-weed family. The plant most frequently and abundantly is found in sunny locations growing in hollows and along water courses. It seems to prefer hard clayey soil. It is from one to two feet high, is much branched and very smooth. The leaves are light green, when mature inclining to yellowish; they are very sharp and biting to the taste, leaving a smarting burning sensation upon the tongue and mucous membrane of the mouth. The flowers are small greenish white, and arranged in loose, nodding (drooping down) terminal spikes about two inches long. Any smart-weed corresponding exactly to the above description is *polygonum hydropiper*.

Those familiar with botany can find an extended description in botanical works; this is intended only as a help to such as do not understand botanical phrases. I feel that many who unconsciously confound the several species of *polygonum* may, if they desire, post themselves from this article so as to always tell at once the true smart-weed. Certainly if *poly-*

gonum hydropiper is useful in medicine it should not be substituted for by a plant which, while resembling it in some respects, is in all others as different as though a member of entirely another variety of plants.

Smart-weed in this locality arrives at maturity about the latter part of August, and should be gathered then and during the first few days in September.

---

## PERISCOPE.

*On the External uses of Hydrate of Chloral.* By Dr. WILLIAM CRAIG, F. R. S. E.

[In addition to its hypnotic effects chloral is a powerful antiseptic, and may be used for a variety of purposes, such as preservation of anatomical preparations, the injection of bodies for the dissecting-room, and for the dressing of wounds. The following are the conclusions arrived at with regard to its value for *dissecting-room purposes*.]

1. Bodies injected with the hydrate of chloral are preserved from decay equally well as when the ordinary preservative fluids are used.
2. If exposed to the air, or carelessly attended to by the students, the tissues become very black, and give off a disagreeable mawkish odor.
3. Delicate nerve-plexuses can be more successfully dissected out when the bodies are injected with chloral solution ; and,
4. It is much cheaper than other preservative fluids.

[A solution of 5 grains of chloral to the ounce of water preserves *anatomical preparations* better than spirit.]

*As a dressing for wounds and ulcers.*—I have tried chloral extensively as an external application to wounds and abraded surfaces. I found as the result of these experiments that a lotion containing from 5 to 15 grains of the hydrate of chloral to the ounce of water formed an excellent dressing to ulcers and wounds, dressed with lint and gutta-percha in the ordinary manner. I could relate several cases, but I will select only one. A young lad, T. M., lately one of the boys in the Mars training-ship, had one of his legs severely burned, and after being treated by the surgeon in charge of the ship for three months, the boy was recommended to go into Dundee hospital to have the limb amputated below the knee. As T. M. was within a fortnight of receiving his discharge from the ship, he was allowed to visit his friends in Edinburgh, who were unwilling that the leg should be amputated, and put the boy under my care. I saw him in April last, and found a large ulcer on the leg, extending from a little below the knee to the middle of the foot, and several inches in breadth. The edges were very irregular, and a considerable amount of foetid discharge came from the ulcer. The boy and his friends were very anxious that I would try and preserve the limb. I ordered a lotion containing 15 grains of the hydrate of chloral to the ounce of water, some chloral lint, such as is manufactured by J. P. Mcfarlan and Co. of this city, as recommended by Dr. P. H. Watson, and some gutta-percha, and gave instructions for having the limb dressed twice daily with these. I may mention that previously it had been dressed with some preparation of car-

bolio acid. After the chloral dressing the limb healed rapidly. The ulcer got gradually less, the fetid discharge disappeared; and when I saw the patient in July last, only a small ulcer remained, and even that was gradually diminishing in size, notwithstanding the fact that the boy was daily employed in a large drapery shop in town, and was unable to give the leg that rest which was necessary, and which I had so much recommended. The boy is now a sailor, and is at present on a voyage to Athens. I also used chloral solution as an injection into the sacs of large abscesses, and found that it tended much to diminish secretion and make the parts heal. I found it also a useful lotion for the eye in inflammatory conditions of that organ. It is an excellent application to burns, and very specially where there is a fetid discharge. I also found it a good application to remove warts from the hands and fingers. I used for this purpose a lotion containing 15 to 20 grains to the ounce of water, applied by means of lint and gutta-percha. It causes no pain, and the wart speedily becomes smaller, and gradually disappears.

I also used it as a lotion to sore nipples and to inflamed mucous membranes. When chloral is applied to an ulcer, a wound, or the interior of an abscess sac, it causes at first some smarting, but that only lasts for a few minutes, and is soon succeeded by a most agreeable sensation. Patients so treated have frequently told me that soon after the lotion was applied a very agreeable soothing effect was felt in the wound. I believe that in all such cases chloral acts as a local sedative. It produces anesthesia of the nerves of the part. Wherever there is a wound or ulcer there is irritability of the nerves of that part; and chloral, by soothing this irritability of the nerves, favors the healing process.

I have frequently used with good effect an ointment containing 30 to 60 grains of the hydrate of chloral to the ounce in eczema and other allied affections. I believe it to be one of the best applications in such diseases; and a medical practitioner lately told me that he had used it with marked benefit as a local application during an attack of erysipelas of the head. Chloral in various forms has been extensively used in the Royal Infirmary of this city by Dr. P. H. Watson, senior surgeon to that institution, and I have the honor of appending a letter from him giving an account of his experience of hydrate of chloral as a dressing to wounds:—

"I have in my wards made use of the chloral hydrate for fully six months, and find it quite as active as an antiseptic as carbolic acid or boric acid. It approaches nearer to carbolic acid in its effects than to the boric acid, especially in that it is volatile, and thus by its vapor penetrates and surrounds parts to which as a dressing it has been applied with an atmosphere of itself.

"It has a marked advantage over carbolic acid, in so far that its odor is pleasant, resembling some of the ethereal compounds employed for flavoring purposes. It also is absorbed, and, in being so, deadens pain after an operation.

"I employ it in *four* forms:—

"1. A lotion of 5 to 40 per cent. in water, for cleansing away discharges around a wound, cleansing sponges used in operations, and analogous purposes.

"2. An ointment composed of concrete paraffin, white wax (Scotch), and almond oil, to which 1-12th to 1-8th of chloral is added, while the other ingredients are liquefied by heat. The components of the ointment should at once be rubbed together, covered, to prevent the evaporation of the chloral, and cooled to a concrete form as rapidly as may be. It is afterwards rubbed up with a few drops of the solution of chloral to disintegrate it, and prevent its crystalline form being reassumed. This ointment takes great pains to make efficiently. If not properly prepared, it is either inert, containing sometimes, I find, absolutely no chloral; at other times (if made cold) the chloral is so imperfectly mingled that it acts as an irritant, and blisters tender cutaneous surfaces. The ointment is applied spread into the substance of linen cloth, so as to be incorporated with the material. This dressing forms the immediate application to the surface around the wound, and covers in the wound itself. It does not adhere, but peels off like a thin layer of wax.

"3. An external excipient dressing is made by soaking lint in a solution of chloral (3 i. ad 3 j.). It is then wrung out of this and carefully dried. The care is necessary to avoid long exposure or a high temperature, as this volatilizes the chloral.

"4. Lint soaked in a solution of chloral in olive-oil (1-8), employed to fill cavities such as those left in some excisions, and to employ as compresses when it is desired to prevent bleeding from the cut surfaces in operations for the removal of *dead* bone.

"In some cases, when the chloral appears to act as an irritant, even when carefully prepared, it may be necessary to interpose some impermeable material between the line of operation and the dressing.

"I have never met with any disagreeable results from the absorption of the chloral. On the contrary, I have found the pain of recent wounds only satisfactorily modified and relieved by its employment."—*Edin. Med. Journal*, Feb. 1876.

---

*The Combined use of Morphia and Atropia in Spasmodic Asthma.* By Dr. G. OLIVER.

[The writer corroborates the opinion of Dr. Keith Anderson as to the value of morphia given hypodermically in the treatment of spasmodic asthma, during the paroxysm.]

While regarding morphia as the principal agent in relieving asthmatic spasm, I have found the combination of it with atropia to act more quickly, and to combat the attacks more completely and effectually. Atropia seems to assist morphia not only in quelling the nervo-muscular storm, but in obviating the distressing and depressing after-symptoms of morphia narcosis which now and then are met with. Besides this, belladonna is now fairly established in the therapeutics of asthma, chiefly through the advocacy of Trousseau, See, Hyde, Salter, and G. Wood.

We may look upon the subcutaneous use of the active principle—atropia—as of value at least equal to that of the ordinary administration of belladonna.

There is still another reason why atropia may enable the asthmatic to derive more benefit and a safer relief from the combination of it with mor-

phia than from morphia alone. Dr. See has shown (Practitioner, 1868) that belladonna quickens respiration, and, during the paroxysms, the altered respiratory rhythm of asthmatic breathing is changed to one of a different type; but, during the second stage, "the breathing becomes slower from fatigue of the pneumogastrics, and we have now a renewed indication for the use of belladonna, which will quicken respiration again. It is for this reason that you must not prescribe opiates, as is often done by physicians who are called in during the attack, and will insist on soothing the patient at any cost. Opium acts inversely to belladonna; it diminishes the frequency of breathing to the damage of the patient." While the pneumogastrics are exhausted, may not the injurious depression of morphia be checked by the stimulating power of atropia? Here the guarded use of opiates is a cardinal point of treatment; but to secure from them a relief from suffering without dangerous depression is a real gain.

But an appeal to experience is all-important:—

In July, 1871, a lady, aged 30, came under my care suffering intensely from spasmodic asthma of a somewhat bronchitic type, yet the neurotic element was very prominent. She had suffered for four years from very violent paroxysms, usually ushered in by slight bronchitis: each attack confining her to bed for a week or two, and the quiet intervals were too short to allow her to regain her strength properly. The lungs and heart were free from disease. Most of the ordinary remedies had been tried with partial relief. The late Dr. Salter prescribed for her large doses of belladonna with ipecacuanha, which, affording somewhat more benefit than other drugs, were freely consumed in desperation by the patient who was hungering for relief at any cost. With dilated pupils, dry throat and foul tongue, the agonising spasm would only partially relax, and an unusually severe midnight paroxysm, which I was summoned to treat, would not give way at all. I injected a third of a grain of acetate of morphia;—in about ten minutes the breathing was calm and nearly free from wheezing. On awaking next morning nausea, vomiting, and headache detracted somewhat from the joy of my patient at having discovered a remedy so effectual and so speedy in its operation. After repeating the injection with the same results I combined with the morphia one-hundredth of a grain of sulphate of atropia. Within a shorter period—not exceeding five minutes—the breathing was comfortable and free from wheezing, and next morning nausea, vomiting, etc., were not complained of. On one or two occasions I used atropia alone; the result being relief to the breathing in about ten minutes. It was quite clear the relief was much less decided than after morphia alone, and this was inferior to the combination of both remedies, which set the patient's breathing perfectly at ease for the night without the penalty of vomiting and headache in the morning. The subsequent history of this case has shown these points of experience:—

1. Morphia and atropia are superior to morphia alone; the good effect is more speedy and complete, and they produce no depressing gastric disturbances.

2. During the first year of subcutaneous treatment the asthmatic paroxysms were, as a rule, met by the injections as soon as relief was urgently demanded. The patient struggled on with her attacks before calling in

her medical attendant who, only then, injected the remedies. While these attacks in mid-career were always quickly brought under control, they—as severe asthmatic paroxysms—notwithstanding the continued use of the injections, required time for complete and safe subsidence. While thankful for a means so effectual as this in quelling the violent storms, my patient sought for further benefit by attacking the earliest approach of them by the injections. This combined prophylactic and curative use of the remedies has been resorted to during the last three years, and, during this long period, there has not been one severe attack as in former years. At the very onset of bronchial disturbance, an injection night and morning for a few days together has usually kept the threatened asthmatic spasm in abeyance and apparently stamped out the beginnings of an attack of the old type. Besides this, the patient asserts there is less susceptibility to bronchial attacks, as well as the accompanying asthma, and the intervals between the attacks are lengthened, asthmatic breathing being often totally absent for a month or six weeks.

3. The very frequent use of the injections does not appear to injure the general health.

4. Speedy relief. The effect is generally declared in five minutes in the form of comfortable sleep and quiet breathing. The most intense attack has given way completely in from fifteen to twenty minutes.

This case shows that we may arrest in the earliest stage an attack of spasmodic asthma, thus preventing much suffering, removing the evil effects of the attack, and prolonging the intervals of ease. The nerve-bias, fostered by every attack, which ingrain more and more the “asthmatic habit,” may be persistently and successfully resisted by the repeated subcutaneous employment of morphia and atropia.—*Practitioner, Feb. 1876.*

*Nitrite of Amyl in Nervous Cephalalgia.* By Dr. R. A. DOUGLAS-LITHGOW.

Some six years ago I had my attention first directed to nitrite of amyl, and as this therapeutic agent is at present receiving great attention from the profession, I wish to make known one of its effects which I have found almost specific; and I do so more especially as I am not aware that the action of nitrite of amyl in nervous headache has been recorded recently. As will be seen, I lay no claim to the discovery myself. I think it was in 1869, whilst reading a number of the *Edinburg Medical Journal*, I observed a remark made by the late Sir J. Y. Simpson, in the report of one of the meetings of the *Edinburgh Obstetrical Society*. He said he had found the inhalation of two drops of the nitrite give immediate relief in cases of nervous cephalalgia, however severe. From that time to this I have been in the habit of so using it, and, when due care was taken in the selection of cases, I have never known it fail to produce entire and almost immediate relief. In several instances I have had to increase or repeat the dose, but, as a general rule, two drops have been sufficient.

I place two drops on the palm of the patient's hand, and quickly diffusing these with my finger over the palmar surface, I tell her to cover her mouth and nose with her hand, and to inspire deeply and quietly. No time should

be lost after the nitrite is dropped on the hand, as it evaporates rapidly. The patient should be seated while inhaling, as the peculiar effects of the nitrite are produced almost instantaneously, and may occasionally alarm a very nervous or hysterical female. Fortunately these symptoms last a very short time—generally less than two or three minutes,—and with their cessation the pain almost invariably ceases. Two drops may be given as a draught in water, instead of by inhalation, but I have found the latter mode much more satisfactory.

Dr. B. W. Richardson, to whom the profession owes almost everything concerning the true physiological action of this peculiar agent, says it is one of the most powerful relaxants of vascular tension we possess, and, bearing this in view, we can easily account for many of its physiological effects. I do not, however, propose to discuss these here, but I may just mention that, in addition to the "flushing of the face" which invariably results after the administration of nitrite of amyl, patients generally complain of great throbbing in the temples, "fluttering of the heart," and a feeling of breathlessness, as if they were "dying away." Some describe a sensation of "tingling from head to foot," and several have experienced pains in the limbs analogous to cramp, while in other cases every object seems to have acquired a bright yellow hue, such as sometimes results from the use of *santonine*. These severer symptoms however, are by no means common.

Used as I have just recommended, I don't think there is the slightest risk in its administration; but, owing to the temporary palpitation of the heart produced in most patients, care should be taken in administering it in cases of organic disease, etc. Should any excitement or other alarming symptom occur, cold effusion to the head, face, and chest, with a free supply of fresh air, are the proper means to use, but I have never had occasion to do so. The nitrite (which is cheap) should be procured from reliable makers only, and, as an economic suggestion, I recommend any one using it to preserve it in a stoppered glass bottle, having an additional glass cap-cover.—*Lancet*, Oct. 16, 1875.

#### *On Sleeplessness.* By DR. J. MILLER FOTHERGILL.

To take opium first. Its use is rather indicated in conditions of insomnia which take their origin in pain. When there is vascular excitement present, it is desirable to combine with it direct depressants of the circulation, as *aconite* or *antimony*. The subsequent cerebral anemia induced by the resort to opium is not so pronounced as is that induced by chloral.

*Hyoscyamus* takes its place alongside of opium, and may be resorted to in cases where opium or *morphia* disagrees, as in cases of chronic renal disease. For this last class of patients the tincture of hop is often very serviceable, though now rarely prescribed; it is a very satisfactory agent in such cases.

Hydrate of chloral is comparatively valueless in sleeplessness due to pain, and is inferior, in this respect, it is said, to the *croton-chloral-hydrate*. It is, however, very useful in conditions of vascular excitement,

either alone, or in combination with opium. In the delirium of acute pyrexia in children it may be usefully combined with the bromide of potassium. In cases of sleeplessness where there is a sustained high blood pressure, or where there is distinct pyrexia, chloral hydrate is the hypnotic *par excellence*. It is, however, decidedly to be avoided in cases where the inability to sleep is due to worry and to brain exhaustion. In such cases, as in melancholia, the cerebral anæmia which follows its use is most objectionable and mischievous. It amounts to "brain-starvation," in fact, and the persons so affected are reduced to a pitiable condition. The persistent resort to chloral-hydrate is most disastrous in its consequences, and the temporary relief afforded by it is not to be set against its after effects.

Bromide of potassium has a decidedly sedative effect upon the brain cells; and the cerebral anæmia produced by its administration is rather due to its sedative action upon the cerebral cells, by which they attract less blood to themselves, than to its effects upon the circulation; though doubtless to some extent it does diminish the activity of the heart. Its special advantage lies in its utility, where cerebral activity is kept up by far away peripheral irritation, especially when that irritation lies in the pelvic viscera. It may be given alone, or with opium, or with chloral, according to circumstances; and may often be usefully combined with hyoscyamus in cases where opium is contra-indicated. Its constant use, however, leads to diminish brain activity, and to intellectual lethargy.

Chloroform is a most potent agent, and is rarely resorted to as an hypnotic until other means of attaining the desired end have failed. The dangers attendant upon its use are so great that it is only resorted to in dire necessity. It is, however, occasionally used as a narcotic by the profession, but more frequently by persons upon their own responsibility. This chiefly occurs in those subject to sudden and unendurable pain, when nothing but the narcosis of chloroform would be effective. Probably indeed in these cases, all other and less objectionable means of attaining relief have been tried and have failed. According to Claude Bernard, by combining opium, or rather morphia with chloroform, the sensory nerves and centres are affected ere the intelligence and the motor powers are much influenced. But with chloroform alone all are equally and alike affected. The danger of chloroform inhalation lies chiefly in the risk of an overdose being taken; as unconsciousness creeps on the motor powers involved, and then the amount taken may be, and too often is, far beyond what was intended. In another communication in the Practitioner will be found some account of a most ingenious apparatus, by which the supply of chloroform is cut off as soon as the motor power is impaired. If resort to chloroform inhalation cannot be avoided by certain sufferers, surely it is not objectionable from any point of view that the danger attendant thereupon be reduced to a minimum.

There is another hypnotic agent of undoubted potency, which cannot be overlooked in the present inquiry, and that is—alcohol. If there be any use of alcohol that is free from objection it is its use as a narcotic in certain conditions. With many persons a dose of alcohol at bedtime is the very best nightcap they could possibly resort to. The cases best adapted

to its use are those where there is mental worry and anxiety. In such states the first effect of alcohol in removing gloom and substituting pleasing sensations for unpleasant thoughts is eminently useful. A series of pleasant mental images are brought up on the mental horizon by its means, in place of the *triste* and sombre subjects which before its use occupied the foreground of the consciousness; and with such agreeable objects uppermost, the secondary effects come on, and the patient is wrapt in a refreshing renovating sleep. Probably the evil after effects of alcohol, so used, are less than those of any other agent which would achieve the same end. Unfortunately, however, commonly the very persons for whom alcohol would form the best hypnotic are those most opposed to its use; and where a full dose of alcohol would constitute the best remedy that could be resorted to, prejudice prevents its employment.

So much for the ordinary narcotic agents in common use.—*Practitioner, Feb. 1876.*

*Cold Water in Fever.* By DR. O. BINZ, Bonn University.

It is not long since every fever patient was carefully guarded from pure air and fresh water. Thick blankets and hot beverages seemed indispensable. Several medical men observed that this treatment did more harm than good; but James Currie was the first to have any success in fighting against these prejudices.

Old and deeply-rooted errors do not fall at one blow, especially when they derive support from the extravagances of the opposition. So at least it was with us. Priessnitz and the fanatic hydrotherapeutists who followed him, barred the way for a long time to the rational use of cool water; and it is only about fifteen years ago that we recurred to the healthy principles of Currie.

The matter itself is very simple. If a patient at 40° C. (104 F.) is placed in a bath at a lower temperature, he must quickly part with heat. If fever the natural regulation of heat which keeps our body at an almost equal temperature is insufficient. The cool bath makes up for this. If we measure the temperature after the bath, we shall find it lower than before. The blood that surrounds the cells of our nerve centres is less hot. The patient therefore feels stronger and quieter.

Cold baths (15–20° C.=60–68 F.) have the clearest effect. Extensive experience has taught that their action is most positive when they are short and often repeated. Very weak patients must begin with 35° (97 F.) and then the warmth must be lowered to 20° (68 F.) by carefully and gradually adding cold water. In the meantime the body should be gently rubbed. Cold sheets (*Kalte Einwicklungen*) are less efficacious and cold affusions (*Uebergiessungen*) have less effect; this latter considered merely from the antipyretic point of view.

Only a high degree of weakness of the heart, loss of blood or perforation of the bowels, are contra-indications against the use of cool baths. Menstruation is not one when the fever is at a dangerous height, and pregnancy never. Every age and every constitution permits the withdrawal of fever heat, only it must be observed that the loss of heat is in inverse

reportion to the weight of the body. For babies we need therefore seldom go under 30° C. (86° F.) to have a full effect; the temperature of the water must be lowest for strong adults.

External application of cold proves, like all other febrifuges, to be most efficacious when the temperature has a tendency to sink spontaneously. That is from seven in the evening till morning, and again in the day from eleven till two o'clock.

The after-effect is of great importance. Under some circumstances it lasts several hours, that is, the lower temperature continues even when the patient has been removed from the water. The reason is probably as follows :—

In fever the vessels of the skin are generally much contracted. The cool water acts as a strong stimulant on them, and causes a somewhat stronger contraction to take place, but this is only of short duration. Relaxation for a longer term is the necessary consequence. The hitherto bloodless and dry skin becomes filled and moist, and thus the irradiation of warmth goes on. It is easy to convince oneself of this state of the skin after the bath. The cooler the bath and the longer it lasts, the more evident and the more lasting will be its result.—*Practitioner*; April, 1876.

---

*New Method of Preventing the Secretion of Milk.* By DR. JOHN WILLIAM LANE.

I have for more than ten years employed the following method to prevent the secretion of milk in the breasts of women who may have had still-born children, or who, after having nursed their child for a few months, found it necessary to wean it. It is perfectly clean and painless as far as my experience goes, and as such I beg to recommend it to the notice of my medical brethren.

We will take for instance the case where the infant has been born at the full period, but is dead, or dies within a few hours of its birth. The milk makes its appearance in the breasts generally about the second day, sometimes longer, and sometimes it is ready when the child is born, and in the case of still-born children my experience leads me to think that in such cases it makes its appearance earlier than when the child is born alive.

My plan consists in taking a piece of emplastrum adhæsivum of about ten inches square, round the corners, cut a hole in the center for the nipple, then from the center of each corner make a straight cut towards and within two inches of the centre hole; having now got it ready, let the patient lie on her back, her body being perfectly horizontal; warm the plaster and place it over the breast, then strap one of the lower corners down first, draw the opposite one tightly upwards and fix it in its place, then the other lower corner, and lastly the opposite upper one, having drawn it sufficiently tight first; now take a piece of plaster two inches wide and about sixteen or eighteen inches long and put it on from below and outside the breast, across close by inside of nipple, and fasten the end over the clavicle; another piece may also be put on in an opposite direction, it being drawn over the shoulder. Of course, in cutting the plaster and strips

the size of the breasts must be taken into consideration, there being much difference in the size of female breasts.

The above plan I always follow when any of my patients wish to dry the milk, as they usually call it, or where they are compelled to do so either from the death of the child, or any other cause. I also am certain strapping will prevent mammary abscess if resorted to in the earlier stage; I at least have found it do so in many cases.—*Medical Press and Circular*, Feb. 16, 1876.

*Diagnosis of Diseases of the Urinary Organs.* By SIR HENRY THOMPSON.

I advise you always to pursue a uniform method. Order and uniformity are essential elements in directing the necessary investigation; and after much thought and experiment, for my own private guidance as well as for yours, I have adopted the following system. Relative to the class of diseases we are studying, there are three methods of obtaining the facts required:—Firstly, by questions of the patient; secondly, by physical examination of the body; thirdly, by examination, chemical and otherwise, of the secretions.

First, by questions. There are four chief questions which I always employ, and always in the same order. They ought, with the minor inquiries which branch out of them, to determine six out of seven cases which come to you. They relate to four signs and symptoms more or less met with in patients affected with complaint in any part of the urinary organs.

Frequent micturition; painful micturition; deviation in the character of the urine itself from the healthy standard; the addition of blood to the urine.

The first question, then, which I invariably ask to any patient so affected is, "Have you any, and, if any, what frequency in passing water?"

Then, as a branch of that question, springing out of it, I ask whether the frequency is more by day or by night, or influenced by movements, or by any particular circumstance? How the question applies I will tell you afterwards.

Then, secondly, I ask whether there is pain in passing urine, and whether before, during, or after micturition? Inquire also if pain is felt at other times, and if produced or aggravated by quick movements of the body. The locality of the pain is also to be precisely ascertained.

Then, I ask, as a third question, "Is the character of the urine altered in appearance, or is there anything unusual in the stream itself? Is the urine turbid or clear?" Possibly the patient will tell you that it is turbid, but you find, on questioning further, that it was passed perfectly clear, and only became thick after cooling or standing. Also, as arising out of this, you may often ask, "Does it vary much in quantity?" noting of course the specific gravity. The healthy standard, both as regards quantity and density, however, must be allowed very extensible limits, and both, I need not tell you, are very important elements in regard of renal disease. Then, as regards the stream itself, it may be small, forked, or twisted, or it may stop suddenly when flowing.

The fourth and last question is, whether blood has been passed in any way with the urine; whether the mixture is florid or brown, light or dark; whether the blood and urine are intimately mixed, or whether the blood is chiefly passed at the end or at the beginning of making water; or, lastly, whether it issues independently of micturition altogether,—*Lancet*, Dec 4, 1875. p. 793.

---

## EDITORIAL.

---

### *State Medicine.*

The 'state' cannot make proper laws for the protection of the feeble, the innocent, and the unfortunate; nor detect many kinds of crime, fraud, and imposture, without the aid of the highest order of medical talent. The imbecile, the eccentric, and the insane cannot have their physical and mental conditions passed upon, except by the assistance of testimony derived from expert practitioners of medicine. And here it may be said that all physicians have not pursued the same branches of professional study with equal zeal and success. One has made himself an expert oculist; another is a gynecologist; a third has given much attention to derangements of the brain; a fourth has inquired deeply into the causes of death; and so on, just as a painter, sculptor, engineer, or craftsman of any kind, if he be studious and observing, becomes more or less expert in regard to matters pertaining to his avocation or trade, and in none other.

The vices and crimes of a great people are so extensive and varied that no one scientific witness could have experience enough to be valuable and reliable as a witness in all cases. There is no law which compels a man to confine his labors to one field, he can become as general in his studies and pursuits as he likes; yet he will not be apt to achieve anything noteworthy in this world unless he makes himself master of some particular branch of science. However, a high grade of proficiency in one department of human knowledge enables the possessor to acquire wisdom all the more rapidly in other spheres of scientific labor. The human mind is indefinitely elastic and expansive, but in the brief period allotted to existence there is not time to learn everything; and it is found by general experience that it is better to learn one thing well, than several things indifferently. There seems to be a necessity for a division of labor.

A physician who has charge of criminals in prison knows their dispositions and needs better than the superintendent of an insane asylum, and *vice versa*. In thickly settled communities a "division of labor" creeps into medical practice as inevitably as 'natural selection' in the organic world. One physician by his educational opportunities, and his natural inclinations, will be known as a superior obstetrician; another will gain the reputation of being skillful in the management of children's diseases, and a third will be a profound pathologist. In rural districts it is difficult for a practitioner to become expert in any one branch of medical science, for his labors are of a very general character, yet if he have the inclination and the zeal to become a chemist, the way is open and the rewards are tempting.

In what is called "state medicine," which pertains to the supervision of prisons, asylums, hospitals, dispensaries, pauper establishments, tenement houses,—to the registration of births, marriages, deaths, and burials,—to the exercise of professional wisdom in regard to drainage, ventilations, poisons, the adulteration of food and medicines, and to a variety of other operations which threaten the public weal—so great responsibilities rest upon those who attain positions in our public institutions that such men should have had a special training for the places they fill. Instead of eminent fitness making way for an appointment, these offices of trust are regarded as "spoils" by the successful party in politics. A prominent fault of our national, state, and municipal governments, is that men are put in places they are unfit to fill; and if they be incompetent in the beginning, yet by the experience acquired in the course of years they become quite well adapted to the offices they are filling, a change of politics calls for "rotation" in the professional incumbencies. Besides, if a coroner or prison inspector feels that he is to hold the office for only a year or two, he has no special incentive to make himself thorough in all knowledge pertaining to his new calling.

Some of our public institutions have professional managers who hold their offices for life, or during competency and good behavior. However, places thus filled are not common. The inexperienced usually seek salaried places for the security of a living and the practical knowledge to be obtained. The highest order of medical men cannot be induced to abandon a lucrative practice, and accept an office of uncertain tenure and restricted income. Those persons in the medical profession who are conscious of an unpropitious future in competition with their more fortunate bretheren, persistently seek for salaried positions under the patronage of the government.

The constituted authorities who have the control of appointments to professional situations should ignore "schools" in medicine, bearing in mind that the fittest should be solicited to occupy these responsible places. Our allopathic bretheren press along to the occupancy of all professional offices, from the lowest to the highest, as if by inherited or divine right. In this they manifest their accustomed bigotry.

That there may be a larger proportion of cultivated physicians in our ranks, the medical colleges must yearly grow more and more exacting in the qualifications of graduates. Every college should have lectures on medical jurisprudence; and every candidate for graduation should be critically examined upon nice points in this important branch of medical science.

Without the testimony of highly educated physicians, what could the state attorney do in cases of disputed sexual relations; in the event of protracted gestation or superfetation; of real or alleged rape; of feticide; of criminal injuries; of poisoning and burning; in establishing the identity of parties living or dead; and in making transparent the tricks of melingerers, and various frauds of a personal nature?

At a murder trial conducted in Boston, in 1860, charred human teeth and parts of a jaw were proved to have been found in the furnace of Prof. Webster; in a tea-chest standing in his laboratory, was the trunk of a

human body, from neck to loins; and in the vault of a privy were discovered the pelvis, right thigh, and left leg of a man. The late Jeffries Wyman, a distinguished comparative anatomist of Cambridge, put the parts of these remains together, and showed that they belonged to one individual; and a dentist swore positively that the mineral teeth were made by himself; and these, as well as the jaw which corresponded with a cast he had previously taken, belonged to Dr. Parkman, a resident of the city, who had been missed, and who was last seen alive while entering the laboratory of Prof. Webster. This brief report is introduced to show the steps taken in the work of identification,—steps that were all the more necessary as the remains were found in a medical college, where much dissection was carried on. Two skilled witnesses, expert in different pursuits, were needed to establish the identification. The comparative anatomist clearly demonstrated that the several disjointed parts belonged to one individual, but who that was he could not swear; the dentist could positively affirm that those teeth belonged to Dr. Parkman, consequently the proof was complete. A confession on the part of Dr. Webster, made just before he was executed for the crime, corroborated the expert testimony.

In 1856, Dr. Palmer, of England, was convicted for the murder of Mr. Cook. The prisoner was brought to London for trial; and more scientific interest culminated in the case than in any other ever tried before or since. It was alleged by the defence that Cook died of idiopathic tetanus; and by the prosecution that the cause of death was strychnia, though several autopsies and a variety of tests failed to discover a trace of nux or of its salts. Antimony was found in poisonous quantities, yet the symptoms exhibited during Cook's several days sickness did not conform to those of antimonial poisoning. The trial is here alluded to, not for the purpose of showing that any new and startling fact in science was discovered at the time, but to call attention to the great weight attached to the opinions of expert witnesses, and to assert the fact that the intense interest awakened in scientific circles by the trial, has led to the discovery of improved tests for arsenic, antimony, strychnia and several of those poisons which are liable to be employed with criminal intent.

Once the physician was not worth more in criminal trials than a veterinary surgeon, for he knew no special ways for detecting crime, but at present the demonstrations of skilled witnesses in a trial for murder, exercise a decided influence upon the courts and juries. It is safe to say that very few murder trials could be properly conducted without the testimony of skilled witnesses. The scientific attainments of our most noted men have given character and lent lustre to the medical profession. And while the credit and honor of so much wisdom are being enjoyed, is it not a humiliating fact that if the patron of a doctor needed a certificate which can be used as a ground of exemption from serving the "state" as a juryman, witness, or soldier, the physician is ready to write to order the very document needed or demanded? This is done so often by medical men, and the people understand the ruse so well, that a smile of contempt and derision is called forth when a medical man allows himself to be used for base purposes. It has occurred over and over again, in times past, that

physicians have declared a wife or *ward* insane when a husband or guardian desired that the disagreeable parties should be confined in a lunatic asylum. This fraud was practiced so frequently, that the 'state' had to establish courts of lunacy to protect persons wrongfully accused of mental defects.

H.

### *The Struggle for Existence.*

In all the large towns and cities the practice of wet-nursing is on the increase from year to year. The instances are multiplying in well-to-do families in which mothers do not suckle their infants, but hire a wet-nurse for that somewhat exhausting process. In some cases the mother is pronounced by her medical adviser as unfit to nurse her offspring, her lactal product not being rich enough to nourish the child, or her mind is not calm enough to properly attend to the wants of her infant; in other cases the young mother claims that she has done her part in the drudgery of procreation by carrying and giving birth to the child, and now it is born it must be nursed by some woman whose pecuniary necessities are such that she must neglect her own offspring in order to earn something by selling the product of her breasts for the benefit of another. In this there is an exemplification of the Darwinian struggle for existence. The child born to wealth can be nourished at the breast of a woman whose poverty compels her to abandon her own infant, or, what is about as bad, to farm it out at a miserly pittance a week, to be badly tended and stingily fed on cow's milk.

The topic widens as it opens: A moral and legal aspect of the case is presented. Has the well-to-do woman an unquestioned right, where the excuse is that of trying to escape a maternal duty, to induce for a pecuniary reward, a poor mother to take a strange nursing, and thus compel her, against her own inclinations and instincts, to starve and neglect that innocent and dependent being which it is her first duty to nourish and protect? Then, again, has the wet-nurse a legal right to expose to almost certain death her own infant? Has not the state provided an asylum for the needy, so that poverty cannot be pleaded as an excuse for selling the natural food of her child? Still further, are not all born equal before the law, therefore inheriting rights that the constituted authorities should have enforced? Is it not plain that, in many instances, wet-nursing, and its sequence, baby farming, are unnatural, immoral, and illegal? Or are we merely a higher order of brutes, might making right? In the struggle for existence which is everywhere apparent, what chance has the illegitimate and unwelcome infant in the competition of life? Of what value is the boasted privilege of being born where at birth all are equal? Are not the conditions of living an open market, where money will buy the best? It may flatter our religious sentiment to think how many flannel garments we send to the needy heathen,—it may exalt our pride to be able to declare that in this free country all are born equal, yet we had better exercise more reason and indulge in less vanity, if we would be as good and just as we pretend to be.

There is an Arab proverb which teaches that "it is sinful to try to mend the ways of God." Now, when a woman employs a wet-nurse to give

substance to her infant, she is deviating from the natural course, and she or her child, or the infant of the nurse, will incur the risk of a penalty, and perhaps a severe one. The hired nurse may have a syphilitic taint in her organism, and impart it to her nursling; she may be clear herself but take the disease from the child she is hired to nurse. While the customs of society and the statutes permit wet-nursing and baby-farming, the law of the strongest is in full force, and will be exercised for the benefit of those who possess the power, and to the detriment of those who are too poor to protect themselves. The struggle for existence that prevails as a law among the inferior animals, seems to be unrestrained in the superior race by morals and legal enactments.

In the South, in ante-bellum times, it was common for a negro woman to act as wet-nurse; and sometimes till the foster-child was several years old. In this state of things it might be asked if it is probable that the food had anything to do with the mental state of the nursling. There are those who believe that the nature of the nutriment has much to do with the instincts and intellectual capacities of the feeder, yet the impressions are more imaginary than real. A child reared on cow's milk is not in danger of becoming bovine in any of its characteristics. Dr. Jephson says that Tiberius and Caligula were wet-nursed by persons of bad character, hence the cruelty and treachery of these rulers; but it is probable that the character of the nurses was discovered after the development of villainous peculiarities in these infamous Romans. Does anybody believe that Romulus and Remus were suckled by a she-wolf; or, if they were, that it made any difference with their future career? Though the story is vouched for in many ways,—though a bronze group representing the animal and the infant founders of Rome be set up in the forum, and was referred to on solemn occasions by emperors and senators as if historically true, still the fable is all the same,—true inasmuch as it was pleasant to have it so.

In large cities there are places where an infant can be farmed out at a dollar a week, but what kind of attention would such a child get? What kind of feeding and waiting on could be expected at the price? In some instances the mothers go out to work at three dollars a week, and cannot afford to board their infants at better places where a higher price would be demanded; in others the mothers are the bearers of illegitimate offspring, and are so heartless that they do not care how soon the farming process relieves them of the burden. Those who hire out as wet-nurses obtain liberal pay; but their employers will not let them see their own infants lest they allow a theft to be committed upon the foster-child.

While these things are so, and in many instances not right, what should be done about it? In the first place, physicians should discourage and pronounce against the unnatural course, and that would do much towards averting the evil that may be in it, and enlightening public sentiment on the subject might lead to the enactment of laws which should exercise a wholesome restraint over the most flagrant of such abuses. We have laws that forbid cruelty to dumb animals, and execute them; then why not have the power to prevent baby-farming?

If students in medical colleges were morally instructed on these points

by the professors of obstetrics, a beginning would be made in the right direction. As it is, the student is only taught to cater to the caprices of his pleasure seeking patron,—he is told to encourage the employment of a wet-nurse, and never has the dangers to the foster-mother's own child alluded to. The subject seems to be a legitimate one for discussion, therefore it may receive additional attention hereafter. H.

### ***"Senseless Opposition."***

In the *Boston Medical and Surgical Journal* for Aug. 10th, is a "letter" from Portland, Me. A paragraph of which reads as follows:

"This leads me to speak of the efforts of the association to establish a state board of health in Maine. A committee was appointed last year to co-operate with the constituted authorities in the early appointment of such a board. The committee reported at this meeting that governor Conner, in his inaugural address, recommended favorable action. The judiciary committee of the legislature was convinced of the propriety of the measure, but, not deeming it expedient to act up to its convictions of what was right, preferred to truckle to the popular clamor for retrenchment, and killed the bill. *The senseless opposition of the advocates of certain exclusive systems of medical practice was so great that the committee believe it to be better that important sanitary measures be introduced by the representatives of the people FOR WHOM THE BENEFITS ARE ASKED.*" (The italics and caps are modifications).

Are our allopathic friends such ninnyes as to entertain the idea that eclectics and homœopaths are going to allow "state medicine" to be established, and we have no hand in it? Give us a due and proper share of places in these "boards of health," and this "senseless opposition" will cease. We are in favor of instituting "hygienic measures," and of creating salaried offices if we can obtain our share of the "pickings and stealings." But we are eternally and radically opposed to the creation of a "board of health," with powers, fraudulently worked into the bill, to make it *unhealthy* and uncomfortable for all those physicians who are so 'senseless' and heretical as not to be "regulars." And we intend to keep our legislators informed in regard to the schemes of those who are so very solicitous in regard to the 'public health.' It is for our interest to keep up this "senseless opposition" until we are invited to participate in the spoils, or to possess a liberal share of the offices.

We are in favor of as sound learning on the part of those who contemplate studying medicine, as our enterprising allopathic friends pretend to be, but we shall see that no law is passed which shall discriminate in favor of allopathic colleges. Gentlemen of infinite wisdom, we will not keep up this "senseless opposition" if you will do as you would be done by. H.

CORPORAL WILSON—Of the *Medical Advances*, which Vintor denominated the *Medical Behind*, deserves an apology for not having ammunition wasted on him. The size of the game does not warrant the outlay. H.

*Nitrite of Amyl.*

The inhalation of this agent for the cure of "headache" has become "fashionable" of late; and in some instances the cure is magical; then, again, the failures are frequent and complete,—even more than that—they are attended with aggravation. Now, a medicinal agent which will do good in some cases, and an injury in others, necessarily possesses qualities that need further consideration,—the medicine is not inert.

When headache depends upon *anæmia* of the brain—generally the result of nervous exhaustion—the nitrite of amyl produces immediate relief; but in a *hyperæsthetic* state of the brain which is marked by redness of the face, fullness of the cervical veins and a tense condition of the carotids, together with a sense of throbbing in the head, the inhalation of nitrite of amyl will do no good, and generally harm.

In mixed cases, or those in which it cannot be determined by symptoms whether there be too much or too little blood in the cerebral vessels, yet the headache is violent, the nitrite of amyl may be tried with care, and if its effects aggravate the pain, the agent is to be abandoned.

In an average of all varieties and conditions of 'headache,' the nitrite of amyl affords relief in about one case in ten, therefore it is far from being the universal remedy that enthusiastic admirers of the drug would have us believe.

H.

*Eclectic Societies.*

We have received several long communications from the secretaries of state and district societies; and the request is added that publication be made of the same. In some instances a list of membership was sent, with the expectation that it be published. Well, gentlemen, we thank you for the compliment; but must be excused on the ground of want of space, and the lack of *general* interest in such matters. We will gladly notice your meetings, mention such officers and members as you may desire to hold correspondence with, and the next place of meeting. That answers the purpose of the organization. If you have any excellent papers that you would have published, please send them along, as such are always as welcome to a hungry editor, as flesh to a famished wolf. Indifferent articles we have not much appetite for.

In some instances a partisan spirit is manifest between rival factions; and the champions of a particular organization may expect us to take sides with them, yet in their sober senses they must see the impropriety of such a course, unless the bone of contention involved a principle in eclecticism.

We learn from correspondence in the *Detroit Post*, that those who claim to be *regular* in the Michigan organizations, met at Lansing, June 8th, and held a lively meeting,—expelling those who had seceded, etc. Next year they meet at Kalamazoo, June 8th. The president is Dr. Peck, of Lowell; and the recording secretary is Dr. A. R. Brown, of Albion.

The Eclectic physicians of Northwestern Pennsylvania held a meeting at Greenville, Aug. 1st,—chose officers, read interesting papers, discussed important topics, eat several square meals, and having had a good time generally, adjourned, to meet at Cochranton on the third Tuesday of Jan. 1877, Dr. Kughler, of Greenville is President, and Dr. Borland, of Franklin, is secretary.

The Eclectic Medical Association of Penn., held its annual meeting this year at Pittsburg; and transacted considerable business of interest to those present. The addresses were good, and so was the prevailing feeling. The number present, and the spirit manifested, augur well for the "National" next year. The executive officers should inform themselves in advance in regard to the eligibility of those who may seek membership in the convention.

---

*International Medical Congress.*

An event of some significance on this our centennial occasion, was the fourth session of the International Medical Congress, lately held in Philadelphia. Prof. Gross, president of the Centennial Medical Commission, called the convention together, and delivered an address of welcome. The delegates, who numbered about three hundred, organized by electing Dr. S. D. Gross, president, and twenty vice presidents, several of whom were from foreign countries. To facilitate business the congress was organized into sections, each of which represented a department of medical science. Among the important papers which were read was one by Dr. Bowditch, of Boston, on Hygiene; also one by Prof. J. F. Hodges, of St. Louis, on Antiseptic Surgery. This led to a lengthy and spirited discussion, in which Prof. Joseph Lister, of Edinburg, took part. The topic being one which is largely occupying the attention of the surgical world at the present time, awakened the profoundest interest on the part of those present. Prof. Lister spoke most engagingly for three hours or more, and made many converts to his method of employing antiseptic dressings. He exhibited his spray generator and diffuser, which is so arranged that the carbolized vapor can be sent in any direction upon a traumatic surface without the need of an assistant. He begins an operation by having the diseased or injured part thoroughly washed; then the operator washes his hands and cleanses his finger-nails. This is to get rid of septic dirt and those infinitesimal pests denominated *bacteria*—microscopic animalcules which are more numerous in the atmosphere than the lice and frogs of Egypt. They, the little bacterian cusses, are possessed with a craving disposition to invade every traumatic surface, and to carry out the Scriptural injunction to "multiply and replenish the earth." They are presumed to be the cause of fermentation and putridity: they are the bane and pests of open wounds. To keep them from traumatic surfaces was the study of Lister; and he claims to have got the thing down to a fine point. He does it with carbolic acid spray, and carbolized dressings which are so put on that not the first bacterium can get his nose in. If an abscess is to be opened the part to be incised is to be washed, as before stated; the bistoury is dipped in an antiseptic fluid—a weak solution of carbolic acid; the operator cleans the spaces under his nails; a spray of carbolic acid is diffused all over the part to be cut, the knife and the hand of the surgeon, and on the wound as the pus is squeezed out. No, beg pardon, Lister does not go through with this rigmarole when he opens an abscess, for he does not wish such wounds to heal by the first or second intention. Possibly he cannot make them thus

heal, hence he don't desire such a result! Well, if he was going to extirpate a tumor the size of an apricot he would so do; after removing the wen, he would take a piece of oiled silk, well coated with copal varnish, and dipped in the moderately weak solution of carbolic acid; a piece of gauze wetted in the carbolic acid solution is next applied over the silk; over these several layers of muslin, each dipped in the antiseptic lotion, are packed or wrapped, a cloud of carbolized spray enveloping the dressing as it goes on; and over all a silk cover or wrapping is fastened, everything being rendered antiseptic as it is applied, even to the string or tape that binds the dressing. If the operator take his hands out of the spray while the dressing is applied, they must be sprayed again before they touch anything that is to be placed upon the wound. If a knife is laid down for a moment, it must be re-dipped before it is used again. A wound thus treated is expected to heal without the production of a drop of pus, or the development of an appreciable amount of inflammation. The dressing is to be left in place for several days, or until a pellicle of skin or cicatricial tissue has closed the chasm.

All this sounds very well, and undoubtedly constitutes a cleanly dressing; but, is an operator out of a hospital, or place where all the traps are at hand and in readiness, going to be expected to carry out this complicated plan to the letter?—and Lister says he must or be guilty of malpractice. Fellow surgeons, prepare for the revolution in our art. An antibacterian period is upon us. The womb is in a traumatic state as soon as the placenta is detached, therefore, obstetricians, get up an antiseptic armamentarium, and see that you do not allow a single bacterium to enter the lying-in woman's genitalia. It might bite her, or smite her, or do irreparable mischief!

Prof. Lister uses catgut ligatures and sutures. He prepares them by soaking the material in a solution of chromic acid, water, glycerine, and spirits of wine. These, if used to ligate an artery, dissolve in the flesh, and the debris becomes absorbed, and never has to have a place to escape. It will be interesting to see what becomes of all this in ten years.

The proceedings of the international congress will be noticed in the next issue of the JOURNAL.

H.

---

It seems that an item of importance in the transactions of the "National" was not inserted in the secretary's report. That which was omitted, should read as follows: "On motion of Dr. W. Hope Davis, seconded by Dr. J. A. Munk, it was *resolved*, that no money shall be drawn from the treasury, until the bill and order calling for the same shall first pass through the hands, and be recommended by the auditing committee."

---

Dr. Henry I. Bowditch, in reply to some criticisms editorially made in the *Boston Medical and Surgical Journal*, concerning the American Medical Association, says: "If some of your best men stay away, and only complain of the short-comings, what hope is there for the association? You should send your best representatives, and require of them some work, and then there would be no lack of interest."

***The Therapeutic Powers of Salicylic Acid.***

When salicylic acid was first introduced to the notice of the medical profession, it was employed mostly as an antiseptic, or as an antidote to fermentation and putrefaction,—its effects when administered internally were not known. Now it is proven beyond question that the agent is a "specific" in the treatment of acute or inflammatory rheumatism. One of its notable effects upon the organism is a reduction of temperature. When the heat of the body has reached 103 degrees, it has been speedily reduced to 100 by the effect of 10 grs. of salicylic acid which were swallowed in a wafer. Half that dose repeated every four hours will soon overcome the worst symptoms of inflammatory rheumatism.

The excessive heat of consumptives in the advanced stages of tuberculosis, is quite satisfactorily reduced by the administration of salicylic acid in two grain doses. The daily rigors or chills, which are so annoying, being followed, as they are, by a paroxysm of fever, are mitigated or cured by the use of salicylic acid internally. In typhoid and other fevers, where the temperature runs high, salicylic acid is a remedy of great value.

H.

***Typho-Malaria.***

During the last five or six weeks there has prevailed in the vicinity of Cincinnati, a peculiar type of fever which passes among medical men as typho-malarial, from the circumstance that the disease is not distinctly typhoid nor malarial, but a combination of the two fevers. The pyrexia is not high; and is inclined to be intermittent or remittent on occasions. The tongue is coated brown, and the breath is offensive. There is some delirium; and the bowels are irregular, inclining to looseness. After the fever has run a few days, an intermittent phase appears and becomes prominent. The disease has not been as fatal as the uncomplicated typhoid of other seasons, though ten per cent have died, the fatality existing among those who exhibited a predominance of the typhoid element. Salicylic acid seems to be a proper remedy to begin with; but as soon as the intermittent feature presents itself, the patient needs quinia. A depleting diarrhoea is arrested by the action of logwood,—a remedy which is decidedly antiseptic as well as balsamic and astringent.

H.

***The College.***

The regular Fall and Winter Session of medical lectures at the Eclectic Medical Institute commences Oct. 2nd; and by the earnest and scholarly appearance of those students already present, it may be safely predicted that excellent classes will be in attendance. The members of the Faculty are all at their posts, and in superb condition. Let those contemplating a medical future, put in an appearance at once.

**DEATHS FROM ETHER.**—The *Chicago Medical Journal and Examiner* for May, reports the death of a man 74 years of age, from the effects of ether while having a cataract extracted. The patient had previously taken the same anæsthetic without alarming results.

In July, a school teacher, in Boston, who had been a sufferer from dysmenorrhœa, took ether to have the os uteri incised. She died suddenly.

## BOOK NOTICES.

LITHOTOMY, ITS SUCCESSES AND DANGERS. Published by F. F. BAILLIERE, Melbourne, Australia.

This *Brochure* is a verbatim report of an inquest held before the city coroner, to see whether Dr. Braney, a prominent surgeon of the hospital, had been negligent and criminal in an operation upon Robert Berth for the extraction of a vesical calculus by the median perineal section. An autopsy showed that the patient, much worn down, may have died from disease of the kidney, and not necessarily from the operation or its immediate effects. The medical testimony did not harmonize very well; and the jury seemed in doubt what kind of a verdict to render. However, Dr. Braney was cleared from the main charge. It would appear that the calculus was very large, and that proper means and instruments were not employed to dislodge the stone *tute et jucunde*. And it would further appear that there is factious rivalry in the hospital staff that is not creditable to high-toned gentlemen. But, then, doctors will disagree. Of the quarrel, of the merits of the case, and of all that, we have no comments to make. Besides, it is not our funeral.

The report is gotten out creditably for that far off province; and the case before the coroner was conducted with more dignity and learning than a similar case would be in Cincinnati. Either by solicitation or otherwise, "the state attorney" appointed a barrister to watch the case on behalf of Dr. Braney. This step is worthy of remark. American coroners hold inquests with no regard to the effect upon an accused party; and they can bespatter the most respectable citizen with as much mud as they like. They generally organize a "professional" jury—or one which is made up of hangers-on who have no knowledge of evidence nor regard for decency,—scrubs who will quicker believe what they read in the newspapers, than the truthful words of honest witnesses. In England and the British colonies all this is different, and infinitely more respectable. On English soil if a medical man be accused of malpractice, when a patient dies, he can obtain a hearing at the coroner's court, and there vindicate his reputation, without being to the trouble and expense of defending himself at a higher court. There is no law, except that of custom, against an attorney's appearance here, and he may ask questions calculated to elicit the truth and enlighten the jury. In fact, a coroner, if he have the slightest regard for the proprieties of civilized life, will notify the physician, for whose detriment the inquest is to be held. Of course, in a case of suspected murder, no such tender regard is to be expected, but in the event of rumored malpractice, the coroner should be discreet in his official acts. Twenty-five years ago, an old friend, Dr. Walter Burnham, executed ovariectomy, and the woman died soon after. No sooner was she dead than rival surgeons urged the coroner to hold an inquest; and they did the professional swearing, which induced the jury to believe that a horrible crime had been committed in cutting open that woman's belly. Since that time Mr. Spencer Wells, of London, has laid open the abdomens of seven hundred women, and the operation is everywhere pro-

nounced *legitimate*. If Dr. Burnham had been notified in regard to the inquest he might have been there to enlighten the jury in regard to the nature and feasibility of the operation. They who would have sworn away the liberty of the accused had no practical knowledge of ovariotomy, none of them ever having seen a case.

H.

---

THE FIVE SENSES OF MAN (being one of the international scientific series). By JULIUS BERNSTEIN, of the University of Halle. D. Appleton & Co., New York. 1876.

This is a valuable book in many respects: firstly, it embraces interesting topics; and, secondly, it is well written. It is not technically scientific, yet sufficiently so for ordinary medical readers. The physician enjoys the luxury of reading a semi-popular work on physiological subjects: by such reading he reviews heavier studies, and gets a squint at objects from a different stand-point. Who will ever tire of contemplating man's five special senses? In our usual complacency we are apt to think we know all there is worth knowing about *feeling, seeing, hearing, smelling, and tasting*, yet for most of us there is still much to learn, on these familiar subjects.

---

A MANUAL OF MIDWIFERY: By ALFRED MEADOWS, F. R. C. P. Second American, from the third London edition. Published by Lindsay & Blakiston, Philadelphia. 1876.

This is one of the best works on midwifery in the English language: and that is saying enough to satisfy any reasonable expectations on the part of the author or publisher. If a book be excellent, why waste words in praising it? and if it be bad, let that be stated, and little else. But a reputable writer may state something which may be interesting and instructive to discuss. Of the *corpus luteum* which attends and follows ordinary ovulation, the author says: "The cavity (made by the escape of the ovum) is gradually obliterated, and by degrees a depression is formed on the surface of the ovary where once the prominence existed. The yellow color is soon lost, the external envelope of the follicle likewise disappears by again becoming blended with the stroma of the ovary, and a white zigzag line is seen in the place of the inner membrane, which has become shrunken and convoluted; ultimately all trace of the follicle is lost."

"But supposing that impregnation occurs, the changes, though with the same ultimate tendency, are produced much more slowly, 'conducted upon a larger scale and with greater abundance of materials,' in consequence of the larger supply of blood which is at once sent to the generative organs generally and to the uterus in particular, the vessels of which inoculate very freely with those of the ovaries. At the fourth month of gestation, the ovary whence the impregnated ovule escaped, is seen to be larger and more swollen than that on the opposite side, the follicle has assumed its maximum development, and occupies about one fourth part of the ovary." It may be stated that all this is better placed in *Dalton's Physiology*, from which Dr. Meadows has drawn largely in illustrations and other ways,—an instance of a British writer borrowing from an American author.

Some years ago a coroner's inquest was held on the body of a young woman who was presumed to have died from criminal abortion. The medical men having the dying patient under professional charge, held an autopsy upon the body soon after death, and took away the uterus, yet saving the ovaries. The question arose among the medical experts who examined the body afterwards, whether the woman had ever been pregnant or not, and, if so, at what period of gestation did she lose her life. The right ovary showed a well defined *corpus luteum*, which covered at least one-fourth of the ovarian body. After hearing the testimony the jury brought in a verdict that she died from an abortion occurring at the fourth month, but whether through criminal means could not be determined. The physicians in attendance testified that the woman had probably miscarried ten days previously, and by herself, they never having seen foetus nor placenta; and the patient never confessed to having been pregnant. They took the uterus away for examination, and by accident it was lost; they believed from the organ's appearance that pregnancy had existed. The coroner was of the same 'persuasion' as the practitioners who treated the patient, and the suspicion prevailed that due diligence was not exercised in opening up the case.

During the investigation, such as it was, an elderly physician of excellent reputation for skill in medical matters, testified that the appearance of the *corpus luteum* was not an indication whether pregnancy had existed or not. His opinion was not in accordance with the best authorities.

On the 18th of July, Miss Clara T. Fisher, of Boston, died suddenly while inhaling sulphuric ether, the anæsthetic being administered to overcome the pain incident to a trifling surgical operation that was to be performed by Dr. Sinclair. The mysteries of the case called for a coroner's investigation. The different organs of the body were examined to find the true cause of death. Those conducting the autopsy declared that the uterus showed unmistakable signs of having recently contained a two month's foetus. Prof. John C. Dalton, of New York, was called as an expert to testify, from the appearances of the uterus and the *corpus luteum* whether pregnancy had existed or not; and the Boston papers report him as saying that "the ovary, when I examined it, contained a corpus luteum, well developed and of normal structure, showing a colorless central clot and a convoluted wall of a rather dull yellow. It is well known that two of the most important elements in fixing the true character of the *corpus luteum* apart from its volume and structure, are the colors of its central clot and of its convoluted wall. The specimens had been in a preservative fluid for several days, which might have altered the color of either or both its parts.

"With regard to the uterus, I could not form a distinct judgment from the appearances visible at that time. The inner surface of the organ at the points where the sections had been made, was softened and ragged. Dr. Treadwell, I understand, had previously found fragments of the chorion entangled with it. The presence of these bodies would of course render the fact of pregnancy absolutely certain. I did not find them at the time of my examination. But this is no evidence that they had not existed when the organ was fresh, as they might readily have been

detached by subsequent manipulation and the contact of the preservative fluid." The testimony of Prof. Dalton seems to indicate that he believed pregnancy had existed, yet he was inclined not to swear positively.

It was quite certain that the corpora lutea of the unimpregnated are not all of the same size and color; nor are they of the impregnated, therefore cases will occur in which the evidence is such that doubt arises. At the present status of knowledge on the subject it would not be safe to swear positively in a case with "modified" appearances of the corpora lutea, with no corroborating circumstances.

---

THE THEORY AND PRACTICE OF MEDICINE. By FREDERICK T. ROBERTS, M. D., etc. Second edition, from the last London edition, revised and enlarged. Lindsay and Blakiston. 1876.

This is a book of quite elegant exterior; and is written in a philosophic and scholarly manner. If the libraries of physicians were not already well packed with excellent works on the same department of medical science, this would meet with an extensive sale. As it is, the publishers will have to be enterprising to secure for it the general distribution the work deserves.

A quotation or two will give the reader a slight idea of the author's style: "The *methods* of treatment may be described under the following headings:

1. *Therapeutics*, by which is meant the *administration of medicine*, and there is no question but that by their proper employment much good may be done. There are some drugs which have undoubtedly a *specific curative* action upon certain diseases, and it is to be hoped that, as the result of investigations which are now being made with regard to the action of medicines, many more *specifics* may be discovered."

"*Removal of blood*. This was the great remedy for inflammation in times past, but at the present time the tendency is to go to the other extreme, and to ignore blood-letting altogether."

"Some powerful medicinal agents have of late years been much recommended in various inflammations, which exercise a direct influence upon the heart, diminishing the number of its beats. Of these the most important are *aconite, veratrum viride, and digitalis*."

"It (opium) is contra-indicated or must be given with great caution under certain circumstances, viz., if the respiratory organs, kidneys or brain be involved."

Dr. Roberts says nothing about the use of salicylic acid in the treatment of acute rheumatism, which circumstance is an indication that the revision claimed on the title page, has not been so thorough as it should have been.

The author's therapeutic management of incipient rickets. Nothing beneficial can be accomplished with rhubarb and soda; and not much with steel wine. Sulphur and santonine, incorporated with sugar of milk, will accomplish more in a beneficial way, than all other remedies ever recommended. The syrup of lacto-phosphate of lime, with arsenic, is the next best combination, and may be given every other day in alternation with the santonine and sulphur.

The article on syphilis is out of place in a work of the kind under consideration, unless it be good; but this is not.

The treatment for "tuberculosis and scrofulosis" is meagre and unsatisfactory. We can do better on this side of the Atlantic.

The author has an article on cancer, but says nothing about the treatment of the disease in any form or phase.

The directions for examination of the chest and respiratory organs are valuable. If physicians in general would be more particular and painstaking in their physical examinations of the throat and thorax in diagnosing respiratory disease, they would gain a reputation for accuracy which must prove remunerative, if no higher motive could move them.

The action of ipecacuanha in dysentery is highly praised, though too large doses are recommended. No allusion is made to sulphate of magnesia as a valuable agent in the treatment of flux, therefore it is presumed the author knows nothing of its specific effects on the disease.

PROF. SCUDDER arrived home on the 22nd ult., in good health and mental condition. He will take hold of the College and JOURNAL with renewed vigor.

PROF. HOWE announces that his Surgery is now so well in hand that he can safely promise its issue by the early part of November. Subscriptions, seven dollars, sent to Dr. J. M. Scudder, will receive the promptest attention.

#### *Gleanings.* BY PROF. J. KING.

**BROMOHYDRATE OF QUINIA.**—This salt has special properties resulting from its composition. More soluble and containing more of the alkaloid than the sulphate, it possesses all the properties of this in a less dose, and differs from it in the want of quinic intoxication and the nervous sedation, hypnotism, following its use. It is therefore specially indicated, by reason of these properties, in the treatment of congestive and febrile affections of the nervous system, neuritic-neuralgia, irritative neuroses, encephalic hyperemia, etc. It is likewise very efficacious in visceral or articular fluxions, diathetic or not, rheumatismal, gouty, symptomatic fevers, *a frigore*, etc. The dose of the hydrobromide of quinia is from 6 to 15 grains per day, in doses of 2 or 3 grains, in pills or otherwise, on account of its solubility.—It may be safely used in hypodermic injections; 3 grains, equal to 4½ grains of the sulphate, being injected under the skin, occasion neither redness nor swelling.—*Jour. de ther.*

**OPHTHALMOSCOPIC SIGNS.**—When a person having fallen upon his head, loses consciousness, appearing paralysed, M. Bouchut employs the ophthalmoscope to determine whether there is only a slight vertigo due to the brain shock, or whether there is contusion of the nervous substance and consecutive compression by a serous or sanguine effusion.

In the first instance, the optic nerve preserves its form, its distinctness, and its usual colors; the retinal veins and the retina present no modifica-

tion. In contusion of the brain, on the contrary, complicated or not with inflammation, effusion, or fracture, the optic nerve and retina present obvious changes. The optic nerve becomes swollen, flattened in appearance, of a uniform rose color, sometimes more vascular, its outlines are less distinct, and it is the seat of a serous effusion, partial or general, which becomes extended to the adjacent retina under the form of a transparent, opaline tint which veils the pupillary margin more or less; at times the arteries diminish in size, when the suffusion has reached the sheath of the optic nerve. The retinal veins, dilated more or less, indicate, by the disturbance of their circulation, a condition similar to that in the circulation of the cranium.—*Acad. des sciences. Guillet.*

**AILANTHUS GLANDULOSA** (Vernis du Japon).—M. Robert, as well as M. Dejardin Beaumetz, have successfully employed the ailanthus in dysentery. M. Heitet has used it as an anthelmintic. Recent trials of M. Girard confirm the excellent effects of the bark of the fresh root in diarrhea and dysentery. To use it, take 50 grammes of the bark of the root, add 75 grammes of hot water to it, and make a concentrated infusion. This is to be taken in doses of a teaspoonful two or three times a day; to diminish the disagreeable impression of this infusion and to mask its taste, orange flower water and sugar may be added to it.—*Bull de Ther.*

**ERYSIPELAS**.—Take of camphor, tannin, each one part, ether eight parts; mix. Every three hours paint the parts affected as well as the surrounding parts, with this camphorated ether, continuing its employment for three or four days. This is likewise very efficacious in burns of the first and second degrees.—*Cavazzani.*

**For Sale**.—A drug store and practice, with a dwelling and four town lots, situated in the town of Vera, on the Illinois Central Railroad, Fayette Co., Ill., five miles north of Vandalia, the county seat. The store doing a fair business. The practice worth \$3000 a year to any energetic practitioner, with no competition nearer than Vandalia. Will give entire possession for \$3000. For further particulars, address

DR. J. S. BARTON,  
Vera, Fayette Co., Ill.

**For Sale**.—My entire stock of drugs, and drug house and lot, situated in the town of Raritan, Henderson county, Ill. An excellent place for a doctor to practice in connection with the store. The store has a good trade, a large radius for trade. Reason for selling, failing health, and wishing to retire from the business. Also house and lot in Kirkwood, Illinois. For further particulars, address

DR. D. S. FISHER,  
Raritan, Henderson Co., Ill.

#### RECEIPTS FOR JOURNAL TO SEPTEMBER 22.

F J Brigg 2, W A Atchinson 2, 90, John Blanchard 3, E M Blanchard 2, J P Van Voorhis 1, I H McNutt 2, H A Goodspeed 2, J E Hanback 1, J K Winfrey 1, H H Howard 2, J B Rhodes 2, R M Allen 2, H H Ferguson 2, A M Hill 2, Dr Williams 2, G D Clements 2, J M Lackey 2, Thos L Blakely 2, Van N Miller 2, T N Benton 2, Christopher Cook 2, R H Reynolds 2, D H Belknap 2, 55, H Goodwin 2, Phil R Dakin 2, Geo E Parsons 2, A Wares 2, D S Woodworth 2, L F Brown 2, A B Woodward 1, M D Smith 2, A Nohle 2, T O Tucker 1, A M Powers 2, L W Taney 2, T O Harris 2, F R Haynes 2, Drs Boyd & Feather 1, H Yeagley 2, G Kirkpatrick 2, David Byler 2, S M Cate 4, J A Ellsworth 2, N Holmes 2, C E Phillip 2, J H Case 1, A Borman 2, W W Van Pelt 2, Mrs Dr M J Hill 2, W Deubow 2, R McRill 2, G E Young 1, W D Oder 2, A Pratt 2, H G Miller 2, F Voge 2, Lorette Mann 2, J F Ambrose 2, A A Andrews 2, J Richards 2, W J Haine 2, G W C Gamble 2, G W Pettrebridge 2, P J Jack 2, Geo W Dunn 1, 60, Dr Taylor 1, G Goodin 2, A W Ingerson 2, P L Rice 2, S Morris 2, M T Clary 2.

# THE ECLECTIC

## Practice of Medicine

### For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

Hard Wood Mantels, Doors,

Counters, Interior Wood Work,

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

## LACE CURTAINS

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI:

Send for Catalogue.

# **DR. HOWE'S NEW WORK**

—ON—

## **THE PRACTICE OF SURGERY**

*Will be issued in October. Price \$7.*

---

### **Hall's Silver-Plated Electrodes,**

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

### **THE AMERICAN DISPENSORY.**

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

*Address J. M. SCUDDER, M.D.*

Box 146 CINCINNATI, OHIO.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

# REPRODUCTIVE ORGANS

AND

# THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
— WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTIC,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Hont soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINT RS.

1874.

# **DR. HOWE'S NEW WORK**

—ON—

## **THE PRACTICE OF SURGERY**

*Will be issued in October. Price \$7.*

---

### **Hall's Silver-Plated Electrodes,**

A very fine Case of instruments for the application of electricity, which will give satisfaction, and which can be furnished for \$9 in case.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

### **THE AMERICAN DISPENSORY.**

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

*Address J. M. SCUDDER, M.D.*

Box 146 CINCINNATI, OHIO.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

REPRODUCTIVE ORGANS

AND

THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINT RS.

1874.

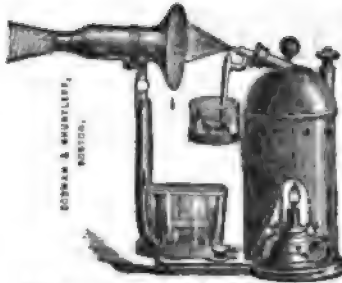
# CODMAN & SHURTLEFF'S

APPARATUSES FOR

## Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

By the Atomizer, any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs.

### *The complete Steam Atomizer, No. 15, for Inhalation, &c.*



The complete Steam Atomizer, No. 15.  
For Inhalation, &c.

Pat'd Mar. 24, 1868, and Mar. 16, 1869.

It consists of the sphere-shaped brass boiler A, steam outlet tube B, with packing-box C formed to receive rubber packing through which the atomizing tube D passes, steam-tight, and by means of which tubes of various sizes may be tightly hid against any force of steam, by screwing down its cover while the packing is warm; the safety-valve E, capable of graduation for high or low pressure by the spring or screw in its top, the non-conducting handle F, by which the boiler may be lifted while hot, the medicament cup and cup-holder G, the support H, iron base I I, the glass face-shield J, with oval mouth-piece connected by the elastic band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M M, where it may be fixed at any height or angle required, by the milled Screw N.

The waste-cup, medicament-cup and lamp, are held in their places in such a manner that they can not fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.

It can not be injured by exhaustion of water, or any attainable pressure of steam.

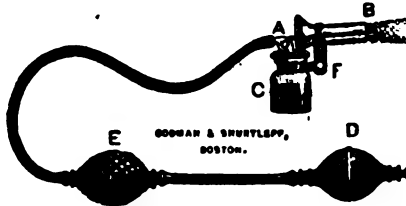
It does not throw sprays of hot water to frighten or scald the patient.

It is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tubes or the water, can be unpacked and repacked without loss of time.

Will render the best of service for many years, and is cheap in the best sense of the word. Price \$6.00. Brass parts Nickel plated, additional, \$2.50.

Neatly made, strong, black walnut box, with convenient handle, additional, \$2.50.

**Shurtleff's Atomizing Apparatus, No. 5, for inhalation, and with suitable tubes for local anæsthesia, and for making direct local applications of atomized liquids, for a great variety of purposes.**



Shurtleff's Atomizing Apparatus, No. 5.  
Patented Mar. 24, 1868.

The most desirable Hand Apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and works perfectly in all positions.

The bulbs are adapted to all the tubes made by us for local anæsthesia in surgical operations, teeth extraction, and for inhalation. Price \$4.00.

Each of the above apparatuses is supplied with two carefully made annealed glass Atomizing Tubes and accompanied with directions for use. Every steam apparatus is tested with steam, at very high pressure. Each apparatus is carefully

packed for transportation, and warranted perfect. Also—

HAND BALL APPARATUS (Fig. 5, without shield) with two glass tubes,...	\$3.50
THE BOSTON ATOMIZER, with two glass atomizing tubes and shield,.....	\$2.50
THE TREMONT ATOMIZER, with two glass atomizing tubes,.....	2.00
GLASS TUBES to fit any of our apparatus, warranted perfect, each,.....	.25
NICKEL PLATED TUBES, for local anæsthesia and for inhalation, each,.....	2.00
RHIGOLENE, for local anæsthesia, best quality, packed,.....	1.00
NASAL DOUCHE, for treating diseases of the nasal cavity, eight different varieties, each with two nozzles, packed,.....	\$1.20, 1.50, 1.75, 2.00 and 3.50

N. B.—To save collection expenses, funds should be sent with the order, either in form of draft, post office order, or registered letter.

For complete illustrated price-list of apparatus, tubes, &c., see pamphlet.]

See next page.

Will be sent by mail (post-paid) on application,

# A P A M P H L E T

Containing two articles, by distinguished foreign authority, on

## INHALATION OF ATOMIZED LIQUIDS,

with formulas of those successfully employed.

Also an article by Dr. J. L. W. THUDICHUM, M. R. C. P., on

## A new Mode of Treating Diseases of the Nasal Cavity,

with his formulas.

Also an illustrated description of the best apparatuses for the above purposes, and for producing local anaesthesia by atomization with ether, by the method of Dr. Richardson of London, or with Rhigolene, as described by Dr. Henry J. Bigelow in the Boston Medical and Surgical Journal, of April 19, 1886.

All our Atomizing Instruments are made with the utmost care, with a view to their complete efficiency, convenience and durability, and every one is warranted. A Gold Medal has lately been awarded to us by the Middlesex Mechanics' Association, for Atomizing and Surgical Instruments, as will be seen from the following report, signed by a leading New England Surgeon and physician:

"1503. Codman & Shurtleff, Boston, Mass, one case Surgical Instruments and Atomizers.

"The Committee have no hesitation in awarding for this superb exhibition the highest premium. \* \* \* The various other instruments for inhalation of atomized liquids and for local anaesthesia, were all apparently faultless, both in design and workmanship. The exhibitors are regarded as more especially deserving of the highest token of merit for having produced nothing except of their own manufacture.—Gold Medal.

(Signed)

GILMAN KIMBALL, M. D. Chairman."

Also by the Mass. Charitable Mechanics' Association, Exhibition of 1889—a Silver Medal, the highest medal awarded for Surgical Instruments.

### ALSO FOR SALE. \*

\* Carmann's Stethoscopes:—

Disarticulating.....\$7 00

\* Knight's Modification.....8.50

Simple Throat Mirrors.....1.00

Ophthalmoscopes, Liebrich's.....4 00 to 6 00

Holt's Dilator, Improved.....30.00

Barnes's set of three, with Inflator

and Stopcocks.....5 00

Large Ear Mirrors, Tilt-ache's.....3 50 to 5 00

Hypodermic Syringes.....3 00 to 13 00

\* Miller's Intra-Uterine Scarificator, in

case, ( post-paid).....7.00

Leiste's Intra-Uterine Caustic Instru-

ments.....1.25 to 3.50

Sponge Tents, plain and carbolized, each .25

\* Dr. Cutter's Retroversion and other

Pessaries.....3 00

Gaiffe's Electro-Medical Apparatus.....15 00

\* Dr. H. R. Storer's Combined Speculum 6 00

French Rubber Urinals, with valves, male,

for night or day.....6.00

Male, day only.....2 50 to 4.00

French Rubber Urinals, female for day

only.....3.00

Vaccine Virus, warranted, 10 quills.....1 50

1 Crust.....3.00

\* Vaccinators, Whittemore's Patent Au-

tomatic, for Crust or Lymph flesh

from arm.—Instantaneous, certain,

and almost painless ( post-paid ) .....3.00

Automatic Vaccinator, in case.....3 50

Powder Syringes.....3 00

Laryngoscopes, Complete.....16 00 to 30.00

\* Dr. Oliver's Laryngoscopic Lantern.....4.00

The same with Auto-Laryngoscopic

attachment.....3.00

The same with ditto and three Laryn-

goscopic Mirrors, in case.....9.00

\*Send for Descriptive Circular.

Amputating, Trephining, Excising, Pocket, Dissecting, Throat, Eye, Ear, Uterine, Obstet-

ric, and all other special and general sets of Instruments on hand and made up to order.

Trusses—Spinal and abdominal Supporters—Shulter Braces—Suspensory Bandages—Elastic

Home—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr.

Syren's Splints for Hip-Joint Disease—Fever Thermometers—Respirators—Syringes—

Crutches—Universal Syringes—Galvanic Batteries and Apparatus—French Conical and

Olive-Tipped Bougies and Catheters.

Skeletons, Skulls, and Anatomical Charts on hand: Manikins, Anatomical and Pathological

Models imported to order: prices on application. All Instruments, Implements, and

Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles,

Bow Legs, Spinal Curvature, and other deformities, made to order.

Apparatus for Paracentesis Thoracis, approved by Dr. B. Widrich, and accompanied with

directions kindly furnished by him.

Having our Manufactory with steam power, and a corps of experienced workman con-

connected with our store, we are able promptly to make to order new Instruments and appa-

ratu and to supply new inventions on favorable terms.

Instruments Sharp-ed, Polished and Repaired.

Our Atomizing Apparatus is for sale by MAX WOCHER & SON,

105 West Sixth street, Cincinnati.

Also by WM. AUTENREITH, 71 West Sixth St. Cincinnati.

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, post-paid, on application.

**CODMAN & SHURTLEFF,**

**Makers and Importers of Surgical and Dental Instruments.**

**13 and 15 THEMONT STREET BOSTON**

# **H. H. HILL & CO.,**

WHOLESALE DEALERS IN

## **Drugs, Liquors, Medicines,**

### **AND CHEMICALS,**

### **BARKS, HERBS, ROOTS, ETC.,**

**Manufacturers of Resinoids, Fluid and Solid Extracts, Syrups, Tinctures, Ointments, etc.**

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest prices.

**S. E. Cor. Fifth and Race Streets,**

**CINCINNATI, O.**

**FRESH VACCINE VIRUS Constantly on Hand.**

---

CHAS. C. REAKIRT.

SAM. J. HALE.

JOHN J. JUSTI.

## **REAKIRT, HALE & CO.**

WHOLESALE DEALERS IN

## **Pure Medicines, Chemicals & Drugs**

### **And Liquors for Medicinal Purposes,**

### **99 WALNUT STREET,**

### **Cincinnati, O.**

WE HAVE NOW

## **CASTILE SOAP MADE OF PURE OLIVE OIL,**

And will henceforth keep a supply constantly in stock

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

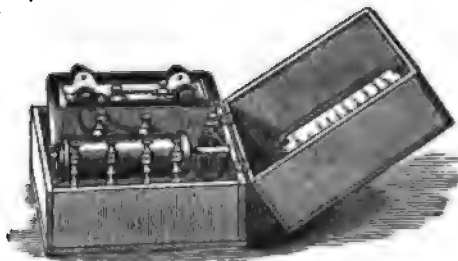
## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



### Double Current Galvano-Electric Machine.

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
N. W. COR. COURT AND CUTTER STS.  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

All articles furnished of the best quality, and no pains spared to give satisfaction.

Prices as low as those of other reliable houses.

---

**Fractures and Dislocations.**

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*  
**SECOND EDITION.**

Will be sent by mail free of postage, on receipt of the price, \$1.00.

Address

**JOHN M. SCUDDER,**

**228 Court Street, CINCINNATI.**

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.90. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine, Allopathic Medicine, Homoeopathy, Eclectic-ism, The Physician, The Practice of Medicine, Quackery.

**PART I.**—*Anatomy and Physiology.*—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tis- sue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hun- ger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion. The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Hu- man Temperaments, The Science of Physiological Marriage, Vital Tenacity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.**—*Hygiene.*—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquors as a Cause of Disease.

**PART III.**—*Medicines for Family Use.*—Use of Medicines, Emetics, Cathartics, Diapho- retics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.**—*Management of Accidents and Injuries and Surgical Diseases.*—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poi- soning, Gun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Disloca- tions, Fractures, Hernia, Rupture, Hemorrhoids, Piles, Fistula in Ana, Chronic Disease of the Loina, Tumors, Cancer, Carbuncle, Boils, Fæon, Ulcers.

**PART V.**—*Diseases and their Treatment.*—General Disease, Fever, Febricula, Intermit- tent Fever—Ague, Congestive Chill, Remittent Fever—Miliary Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Varioloid, Vaccination, Chicken Pox, Measels, Scarlet Fever, Spotted Fever, Diphtheria, Rheuma- tism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physi- cal Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhoea, Cholera Mortus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Werina, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.**—*Notes on Nursing.*—Ventilation and Warming, Health of Houses, Petty Management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Clean- liness of Rooms and Walls, Chattering Hopes and Advice, Personal Cleanliness, Obser- vation of the Sick, Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Plegmasia Dolens.

**PART II.**—*Diseases of Women.*—Amenorrhoea, Dysmenorrhoea, Menorrhagia, Leucor- rhoea, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ova- rian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Ante- version of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.**—*Care and Management of Children.* The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Rosacea, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opiate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
**CORNER OF COURT AND PLUM STREETS,**  
**CINCINNATI, OHIO,**

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Powders, Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medical Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, &c., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. Merrell, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper, at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. These books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND  
**Manufacturing Chemist,**  
**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**  
**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow.**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Shop Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Specialty.**

**DO YOU WANT  
A VERY THOROUGH AND COMPLETE TREATISE**

**On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,**

**THEN BUY**

**King's Chronic Diseases.**

**1600 PAGES PRICE \$15.**

**Address**

**JOHN M. SCUDDER,**

**Cincinnati, Ohio.**

---

**ROBERT CLARKE & CO.,**

**Publishers, Booksellers, Stationers  
AND IMPORTERS.**

**DEALERS IN**

**Law, Medical, Theological, School and Miscellaneous Books.**

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture, which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cakes and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

ELECTRO SILVER SMITHS,

54 Fountain Square, Cincinnati, O.

---

T H E

# **Eclectic Practice of Medicine.**

BY JOHN M. SCUDDER, M. D.

SIXTH THOUSAND.

REVISED AND ENLARGED EDITION.

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO.'S

## Pure Concentrated Medicines,

### CONCENTRATED TINCTURES, Etc.

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

#### CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 4 ozs., and 1 lb.

#### VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides.....	\$1.50
1 Crust.....	3.00
Sent by mail on receipt of price.	

#### HAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.

By B. KEITH, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Active Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

## SPECIFIC DIAGNOSIS.

*A Study of Disease with especial reference  
to the Administration of Remedies.*

BY JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

ration of pepsin in the market, as it has the important advantage of dissolving all ailments used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

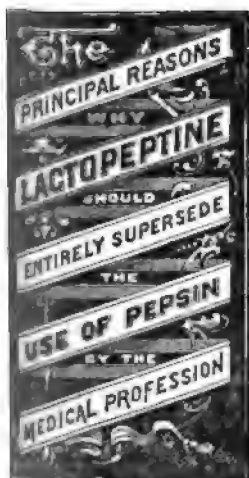
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufacturing, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	50 Ounces.	Fig. Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 fl. "
		Powder and Mix.	



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

**SIXTH EDITION JUST ISSUED.**

**SPECIFIC MEDICATION**

**AND**

**SPECIFIC MEDICINES.**

**REVISED,**

**WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.**

**AND A**

***Report of Cases Illustrating Specific Medication.***

**BY**

**JOHN M. SCUDDER, M. D.,**

**PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE ECLECTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.**

**SIXTH ENLARGED EDITION.**

---

**CINCINNATI:**

**WILSTACH, BALDWIN & CO., PRINTERS.**

**1873.**

**LITTLE BUT GOOD.**

**WARRANTED NOT TO RUN OFF AT THE SEWERS.**

**SENT BY MAIL FOR \$2.50.**

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to the inversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

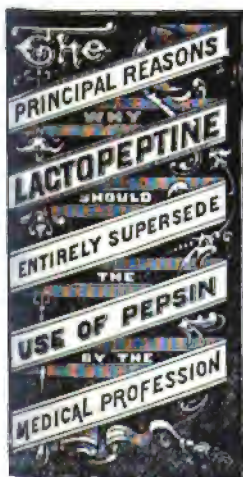
ration of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.  
This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.  
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



### FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Veg. Pygalin or Dextrose,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/2 Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 ft.
		Powder and Mix.	"

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, Mo., September 4th, 1874

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—  
WHITE HALL, VA. January 4th, 1875

A short time since I sent for some of your **LACTOPEPTINE**, which I used in a case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—  
INDIANOLA, IOWA, December 11th, 1874

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, and immediate and perfect relief, after all other remedies had failed. She was almost in *culo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up, and was called in council the other day to a case of Intussusception; the patient was retching stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels of inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—  
CONTOCOOK, N. H., November 25th, 1874

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe a physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with swellings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—  
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in large doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same preparation. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calissaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—  
AN ARTICLE ON LACTOPEPTINE. BY LAURENCE ALEXANDER, M. D. OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to commend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Fine and Trpaches.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Sickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 gra. Lactopeptine and 16 gra. Phosphate lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARRICK manufacture a full line of Fluid Extracts.*

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—  
**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—  
**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—  
**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—  
**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—  
**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	ss dr. iii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**SG.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iii.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth. Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated:

---

*Private Formulas of Pills or other Preparations made to order.*

---

that is, if "Tertian," every three hours, and then after first interval, if the erysma does not recur, continue mixture at a diminished rate each succeeding day, as directed in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine and Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive acts of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, but immediately before or after eating, in accordance with the rule or foregoing instruction.

4.—FOR CHRONIC DIARRHŒA.

<b>R</b>	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, bed time, even if the diarrhœa is apparently checked at that hour, and this rule, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely due.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

ch fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 gra.
Liquorice,	1 dr.
Ginger,	3 gra.
Coriander,	5 "

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two table-  
oonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

### Strychnia Compound Pill.

Strychnia, - - - 1-100 grain.  
Phosphorus, - - - 1-100 "  
Ex. Cannabis Indica, 1-16 "  
Ginseng, - - - 1 "  
Carb. Iron, - - - 1 "

Dose—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

### Hæma, Quinia and Iron Pill.

Ext. Blood, - - - 1 grain.  
Quinine Sulph., - - - 1 grain.  
Sesqui Oxide Iron, - - - 1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

### HEMA PILLS.

We beg to present to the Medical Profession for their special consideration several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. From among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there are seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, and other ailments, who are daily drinking the blood of the ox, and many with no benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows in the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of blood, being the base of our preparations.

HEMA (Ext. Blood), 4 gra.

Dose.—Two to four.

90 cts. per hundred.

#### HEMA COMP.

Ext. Blood, 2 gra.  
Lacto-Phosphate Lime, 1 gr.  
Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

#### HEMA, QUINIA, IRON, AND STRYCHNIA.

Ext. Blood, 2 gra.  
Quinine Sulph., 1 gr.  
Sesqui Oxide Iron, 1 gr.  
Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY

BY MAIL.

#### Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

MANUFACTURERS OF

**Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammoniaë,  
Pure Concentrations, Spts. Nitre Dulc.  
Gran'ted Effervescing Salts, Pure Powd'd Drugs  
Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added to our list:

**Fluid Extract Jaborandi.**  
**Fluid Extract Damiana.**  
**Fluid Extract Guarana.**  
**Fluid Extract Eucalyptus Globulus.**  
**Fluid Extract Grindelia Robusta.**  
**Fluid Extract Bearsfoot.**  
**Fluid Extract Calendula.**  
**Fluid Extract Chestnut Leaves.**  
**Fluid Extract Cotton Root Bark, (from the fresh root.)**  
**Fluid Extract Gelsemium, (from the fresh root.)**  
**Pills of Picrate Ammonium, (sugar coated.)**  
**Brundage's Anti-Constipation Pills, (sugar coated.)**

Send for dose, descriptive list and circulars, which will be forwarded on application.

Physicians who desire our preparations will please specify P. D. & Co. on their prescriptions.

Our list of manufactures can be obtained of the following wholesale Druggists, at manufacturers' rates:

### DEPOT IN NEW YORK CITY, LEHN & FINK.

R. Macready & Co.	- - - - - Cincinnati.
Kenyon, Potter & Co.	- - - - - Syracuse, N. Y.
George A. Kelly & Co.	- - - - - Pittsburg, Pa.
Benton, Myers & Canfield,	- - - - - Cleveland, O.
George M. Dixon,	- - - - - Dayton, O.
A. Peter & Co.	- - - - - Louisville, Ky.
Morrison, Plummer & Co.	- - - - - Chicago, Ill.
Colburn, Birks & Co.	- - - - - Peoria, Ill.
George A. Eddy,	- - - - - Leavenworth, Kan.
Godhe, Pitts & Co.	- - - - - Salt Lake City, Utah.
Reed, Williams & Co.	- - - - - Toledo, O.
Farrand, Williams & Co.	- - - - - Detroit, Mich.
Swift & Dedds,	- - - - - Detroit, Mich.
Browning & Sloan,	- - - - - Indianapolis,
Wheelock Finlay & Co.,	- - - - - New Orleans,
Strong, Cobb & Co.,	- - - - - Cleveland O.
J. W. Wood & Co.,	- - - - - Kansas City, Mo.
J. Durbin,	- - - - - Denver, Col.
Evans, Mercer & Co.,	- - - - - Montreal, Q.



# **Eclectic Medical Institute.**

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2d, 1876. Preliminary Lectures from Sept. 24d.  
Spring Session Commencing February 1st, 1877.

---

For Annual Announcement, or other information, address  
**DR. J. M. SCUDDER,**  
CINCINNATI, OHO.

# THE Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. xxxvi.

Cincinnati, November, 1876.

No. 11.

## TABLE OF CONTENTS.

### Original Communications.

RT. XCII.—New Remedies. By W. Hope Davis, M. D.....	469
RT. XCIII.—Bones—their Physiology and Pathology. By Prof. J. A. Jeancon.....	493
RT. XCIV.—Ridicule. By E. H. Holbrook, M. D.....	497
RT. XCV.—Letter from Prof. Scudder.....	498
RT. XCVI.—Encephaloid Cancer in left Groin. By Dr. O. A. Palmer.....	500
RT. XCVII.—Shy Thoughts. By Dr. A. U. Brady.....	501
RT. XCVIII.—Specific Medicines are definite. By J. U. Lloyd.....	503
RT. XCIX.—Dioscorea Villosa. By C. G. Lloyd.....	504
RT. C.—The Pentadactyl Type. By A. J. Howe, M. D.....	505
RT. CI.—Aspiration. By A. J. Howe, M. D.....	509

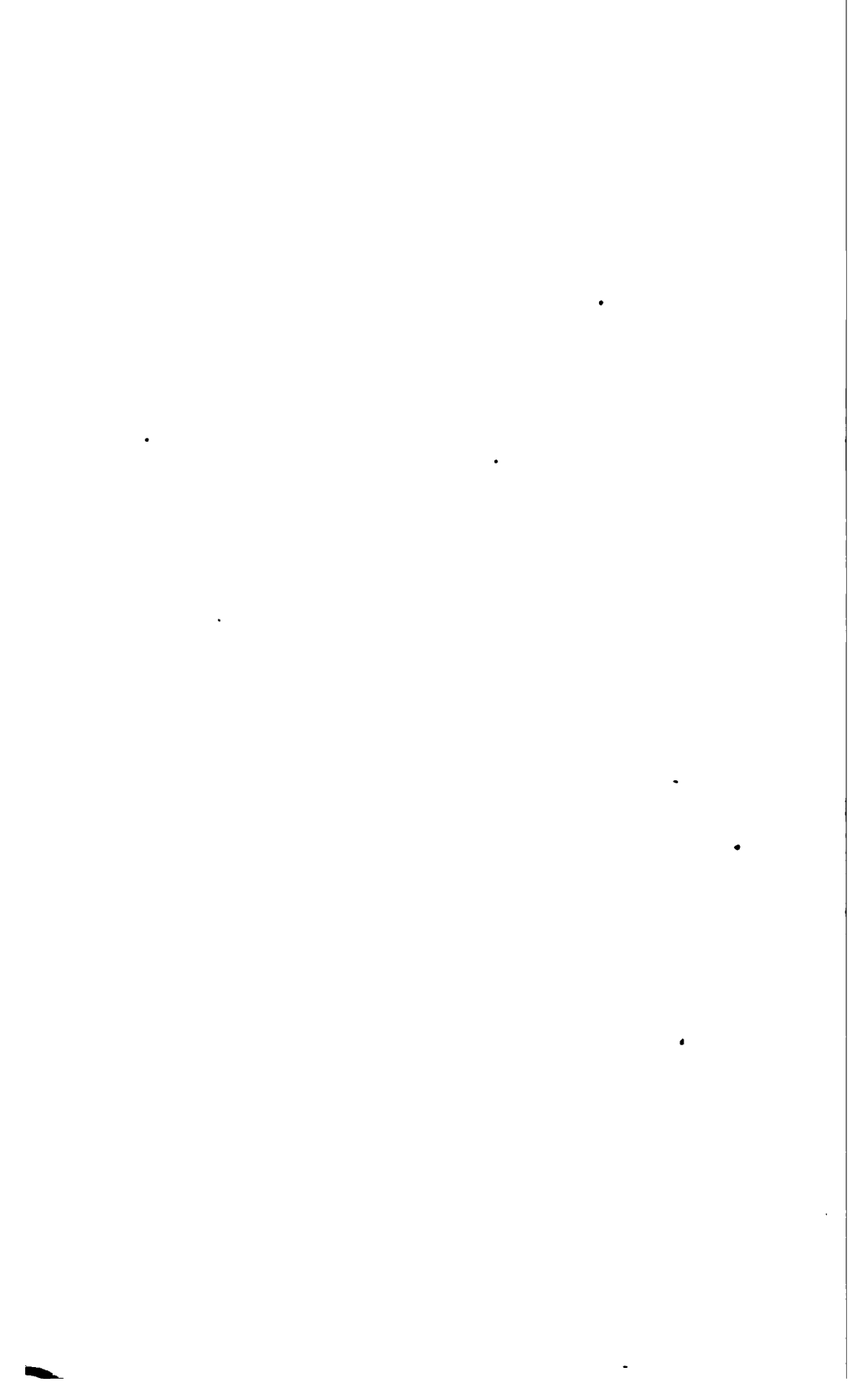
Mumps: Its relation to the eruptive fevers.....	516
Treatment of Rheumatism by Salicylic Acid.....	517
The Mosaic Sanitary Code.....	517
Hyoseyamin in Chorea.....	518
Prof. Sayre's Plaster of Paris Jacket for angular curvature of the spine.....	518
Effects of artificial suppression of the perspiration on the animal organism.....	519
Liquid Bismuthi for Hemorrhoids and Prolapsus Ani.....	520

### Editorial.

At Home.....	521
Acids as remedies this Fall and Winter.....	523
Can Chronic Catarrh be Cured?.....	523
Uvedalia.....	524
Epilepsy.....	525
Suits for Malpractice.....	526
Never use Yellow for Clothing.....	528
Office Pharmacy.....	529
Homœopathic Credulity.....	530
Inflammation of the Bowels.....	531
Specific Medicines.....	532
The College.....	532
The Journal.....	533
Book Notices.....	533
Gleanings.....	534

### Periscope.

The more common forms of Enlargement of the Lymphatic Glands.....	512
Pathology and Operative treatment of Hip Disease.....	514
Rephrasing the Sclerotic in Glaucoma.....	515



T H E

# ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

NOVEMBER, 1876.

No. 11.

---

## ORIGINAL COMMUNICATIONS.

---

*Art. XCII.—New Remedies.\** By W. HOPK DAVIS, M. D., Springfield, Illinois.

It is with feelings of pride and pleasure that I have the opportunity to address this our National Convention, upon a topic of general interest to physicians. I design to discuss the therapeutics of remedies which are mostly new, though some of them have passed through considerable experimental study. It is not improbable that such agents as have attained a growing reputation, will, in time, lose ground, and sink into oblivion.

I have no desire to cast an additional burden upon the *materia medica*, which is already groaning under too great a load, but have selected material that exerts a positive influence upon disease. Take from the *materia medica* those remedies which are prescribed in a general way, for the treatment of all diseases, and we have few left, and "that few" may be looked upon with suspicion by many, on account of their decided narcotic properties. "All medicine is *poison*," says Dr. Scudder; and I agree with him in this, for unless the drug possess some such principle, we need expect little benefit from its administration. But we must give the remedies in *medicinal* and not in *poisonous* doses. Every thing was known about aconite a hundred years ago; the virtues of nux were not known until recently, and more remains to be found out; and ergot is yet to undergo a searching review, and the study may develop new properties in the drug. Samuel Thomson, the enthusiastic student and admirer of lobelia, may have observed qualities in the medicine that we fail to see; and yet he may not have discovered in it all there is to be known. It requires enthusiasm to test a remedy. Brown-Sequard brought out the remedial powers of the bromide of potassium, and conveyed the idea that the agent was more powerful in controlling disease than it is, yet the discovery is valuable. Most new remedies are forced upon our notice by enthusiastic advocates of them; and are we to despise every thing new because it fell short

---

\* Read before the National Association at Washington, D. C.

of our anticipations? Mercury was crowded into the *materia medica* by a man who carried his points as if by steam; his enthusiasm equaled that of Samuel Thomson—the one introduced lobelia, the other mercury: both gained many ardent admirers, and both were called quacks by those who were opposed to innovation. The champions of blood-letting were aggressive, pushing an idea with a zeal worthy of a better cause; and those who have opposed phlebotomy have manifested as much ardor in bringing about its overthrow.

Twenty-five years ago, our honored professor, Dr. John King, discovered a method of extracting podophyllin from the crude root; and physicians of our faith everywhere embraced the remedy as if it were the most valuable medicinal agent in the world. It was pronounced a *substitute* for mercury,—a chologogue, though I believe it has been proven that neither are real bile persuaders. It has been manufactured by the ton; and is now used more extensively by the Allopaths than by ourselves. The early admirers of the drug used it on all occasions,—it was alterative, laxative, and almost everything that is good. It was employed in unreasonable—in poisonous doses. An old timer once said to me, “no matter what ails the patient, give podophyllin.” This was the argument of the Allopaths. “no matter what the disease, give mercury;” and the Thomsonian would say, “no matter what the ailment, give lobelia or a course of medicine.”

Who has not hung his head in shame for the *cundurango* swindle? and how long will it be before we are swindled again in some other way? The cheat will go on as long as an indefinite action is required of a drug. When we seek a remedy to cure typhoid fever, we look for too much,—the disease is a combination of symptoms, each perhaps requiring different drug-action. I have no doubt but stone root will cure many cases of piles, but the disease depends upon so many causes, and assumes so many phases, that it would be idle to suppose *hamamelis* or any other drug would cure all cases. When the capillaries and veins of the anus and rectum need constricting or contracting in order to have a cure performed, stone root will do it every time.

We now come to the introduction of remedies by men of our time,—remedies which are given to overcome definite pathological conditions, ignoring names of disease, and directing attention to symptoms only. The first of these specific agents which I will name, is *Guarana*,—a medicine which has been highly commended for the cure of nervous headache. Will it overcome pains in the head? That depends upon the cause of the aching. When the pain arises from irritation of the *pneumogastric* nerve, the agent will do good. Nitrite of amyl will cure a headache that comes from a different provocation,—from lack of blood in the cerebral vessels: therefore it requires several agents to cure headaches that depend upon a variety of causes.

*Phytolacca* is a remedy of value for overcoming lymphatic and glandular enlargements and tumors. It has specific power in arresting diphtheritic formations in the fauces and pharynx. Prof. Scudder, in the *E. M. Journal*, says: “This remedy is useful in mammary irritation, and inflammation, in the sore mouth of a nursing child, for some cases of nursing sore mouth, in sub-involution of the uterus, in enlargement of the sub-

maxillary and cervical lymphatic glands, for sore mouth and throat, and diphtheria." The agent has been found an excellent one, of decided action, in the reduction of swollen glands, when applied as a poultice.

Pulsatilla is a remedy which is new to most of our physicians, therefore I introduce it as a novelty so far as its practical applicability is concerned. It is an agent that can be depended upon to allay nervousness, especially when springing from irritability of the reproductive organs. The symptoms denoting when it should be given, are fear of impending danger, dizziness, difficult deglutition, weariness, gloominess, a general feeling of dread, and in some cases of pain and spasm, as in hysteria. A dose of the tincture is from three to five drops, repeated every hour until relief is obtained.

Koumiss, a remedy originally made from mare's milk, is an agent which has grown into notoriety as a restorer of physical and mental vigor. Its chemical combinations show that the lactic acid embraced is in quantities capable of improving the digestion, and thus indirectly acting as a promoter of strength. In excited states of the temperature and pulse koumiss exerts a restraining influence. The agent is restorative in diseases of the respiratory organs, and general debility.

Salicylic acid has lately come into favor, and promises to do more than was first claimed for it. Its antiseptic properties are valuable, but the salt being somewhat insoluble, it has not met with that general acceptance which carbolic acid has. At first there was nothing said about its power to diminish the great heat of the body depending upon the chemical decompositions brought about by phthisis and inflammatory rheumatism. As a remedy of this kind, salicylic acid has no equal. I have used it in diphtheria to destroy the putrid odors, and to arrest destructive metamorphosis, and the fullest expectations have been met. It is a remedy of value in fevers with putrid tendencies.

Rhus is another agent of value in a variety of morbid states. There are three varieties of the plant, but all contain nearly the same medicinal principles. *Rhus toxicodendron* is the one mostly in use as a remedy. Dr. H. L. True, of Ohio, has used the agent extensively, and speaks of its qualities in the most glowing terms. He claims to have relieved serious bodily ills when all other remedies had failed,—when it was thought that gangrene and dissolution must certainly take place; yet by the timely administration of this agent the patient was relieved and a calamity averted. I have seen it relieve some of the worst phases of erysipelas. Prof. Scudder gives the remedy a place among the most valuable in the *materia medica*. It would require too much of your valuable time to recount the many morbid conditions that I have seen overcome by the action of rhus.

Yerba Santa, or holy herb, is another agent which has been introduced to our notice. It grows plentifully in California, and its uses have been interestingly detailed by Dr. J. H. Bundy, of Colusa, Cal. Gentlemen of the Convention are too familiar with Dr. Bundy's account of the remedy to require a repetition at my hands. From what Dr. B. has said, and from the comments of Dr. Scudder, it is reasonable to presume that in Yerba Santa we have an excellent lung remedy. It would not require a stretch of the imagination to presume that this is a medicinal agent which is to

accomplish more than has been claimed for it. Let the work of investigation go on.

*Æsculus Glabra*, or Buckeye, is yet another medicinal agent which is comparatively new, and needs experiments to prove its range and scope. When administered to the inferior animals in large doses it irritates the intestinal track, and produces a protrusion of the anus as in piles; and it exerts a prostrating effect upon the nervous system. But these effects are from the agent when given in poisonous doses. In medicinal doses the agent creates no violent action, but tends to restrain griping, hemorrhoidal protrusions, and pelvic congestions.

*Polymnia Uvedalia* is a remedy which has been prominently brought before the profession by Dr. J. H. Pruitt, of Arkansas. There is no question but the agent is of inestimable value in those diseases of a scrofulous nature which are so common, and which are so difficult to eradicate. The action of the remedy upon the hypertrophied organs is quite remarkable. By its enlargement of the liver and spleen has been positively reduced.

*Ailanthus* is an agent of great therapeutic value, but enough reliable information is not yet obtained concerning it to call for a long dissertation. It will relieve fullness of the head, dizziness, palpitation of the heart, shortness of the breath, and soften a tense pulse. It stimulates the capillary vessels, relieves congestion of the mucous membranes, causes a free circulation of the blood, relieves spasms, and prevents an excited state of the nervous system. It has been favorably recommended in diseases of the bowels and stomach, especially in inflammation of those organs. Epilepsy has been cured by it, and nervous paroxysms of an hysterical nature. It will be seen that the range is sufficient to warrant further experimentation with the remedy.

*Jaborandi* is a South American plant which has come into notoriety from the marked effects said to have been produced by its administration. It is reputed to reduce glandular swellings, and it has cured diabetes. Foreign Medical Journals have contained elaborate accounts of cures produced by *jaborandi* during the last year or two. The medicine was taken from South America to India, and there its reputation grew until it reached Europe. If it proves to be a specific in diabetes, its value will be greater than any remedy disclosed in modern times. The worst to be feared is that, like *cundurango*, it will prove worthless.

*Grindelia Robusta* is the last of the "new remedies" I shall have time to mention on this occasion; and I hope that enough have not been introduced to make you weary. The flower heads of the plant contain the essential part of the medicine, though the shrub contains a large amount of balsamic resin which is medicinal. This balsam embraces an oil which gives off the characteristic odor. Alcohol readily takes up the medicinal principle of the herb; and the tincture is prescribed in from ten to thirty drop doses. It proves to be a demulcent, relieving irritated and excoriated surfaces; it is said to antidote the bite of venomous insects and reptiles; and it will cure specific urethritis and vaginitis. It allays venereal excitement, and is therefore valuable in gonorrhœa; it also soothes congested mucous surfaces. It has been employed successfully in conjunctivitis, and purulent ophthalmia. I have used *grindelia* upon crural ulcers with the

happiest effects. I do not think any other remedy will so readily and certainly promote reparative action in indolent ulcers on any part of the body, as this. I intend to experiment largely with this remedy, and trust that others will do the same thing. The agent thus far promises well.

---

**Art. XCIII.—Bones—their Physiology and Pathology.** By  
 PROF. J. A. JEANCON, M. D. (Continued.)

Before I continue the description of the development of bone tissue in the embryo, I wish to state that I am aware many practitioners will think that the study of the rise and progress of tissues from embryonic commencement to complete adult development may be interesting in itself, but useless in practical medicine; and it is a pity to cumber the pages of the Journal with so superfluous a commodity. But I am forced to say that they may be mistaken in thinking thus. After awhile, when I shall describe the diseases of the bones and tissues in connection with them, I will prove, I hope, to my readers' satisfaction, that not only in mechanical lesions, such as fractures, dislocations, etc., of bone, but, also, where osseous texture is more or less affected, where a morbid state of them influences the body by infections arising from them, as osteomyelitis, typhoid fever, syphilis, etc., a thorough knowledge of embryology is a great help to an understanding of the pathology of those disorders, and is often absolutely indispensable in order to account for certain phenomena manifested in the process of those diseases, and that without it they would remain unaccountable.

In fact, clinical experience, combined with knowledge of embryology, makes us realize the fact that disease is a disturbance of the functions of the tissue elements; that recuperacy is brought about by a tendency inherent in the organism to reconstitute the defect *ad integrum* by the same means and in the same manner as new tissues are formed in the embryo, where new functions follow newly formed tissues. Furthermore, that there is a certain quantity of embryonic tissue elements persistently maintaining themselves throughout life; and these very elements, ever in a rudimentary condition, are the direct agents of renewal of life in the everchanging substance of the organism, and form a factor of such importance that the practical physician has to admit this in every case in which he diagnoses or treats a disease.

True osseous tissue is only apparently a tissue, *sui generis*. It really is connective tissue containing large quantities of earthy matter in its intercellular substance. In its development it passes through the same phases as ordinary connective tissue, with some slight modification in its completion.

As several cranial and facial bones are directly formed from subcutaneous connective tissue, the description of its mode of formation will serve as an example of both osseous and connective tissue development. Very shortly after the chorda dorsalis has been completely developed, a number of round cells, very much like white blood corpuscles, appear along the newly formed blood-vessels in the region of the embryonic head; soon they increase in number to such an extent as to fill up the intervascular spaces. Those nearest the vessels are very shortly transformed into the

spindle-shaped cells, and gradually a number of processes, being thrown out from their bodies, assume a star-like shape. The space between the cells becomes infiltrated with a jelly-like substance, pushing the cells asunder, then the processes stretch and become hollow and anastomose with all neighboring cell processes, and so a network of fine channels is established, in which the living plasma is circulating from cell to cell. The cells send, also, processes into the walls of the capillaries and establish communications with the interior of the vessels, in such a manner that plasma, blood liquid, or serum, freely passes from the vessel into the cells through the hollow processes, and from the cell into the vessel, such substances which have become liquefied and circulatable. The intercellular jelly also communicates indirectly with the capillaries through the intermediation of the cells. In this manner the cell is connected with the blood on one hand, and with the intercellular protoplasm on the other.

In the mean time, a large number of the round cells farther removed from the vessel are disappearing; some have become transformed into spindle-cell; some run off in a semiliquid form, if a way is opened for them, upon a free surface; some become degenerated, liquefied, and absorbed by the intercellular jelly or protoplasm, or by the cells, or pass into the nearest lymph vessel, lymph space, or even back into the blood vessel. From time to time new streams of round cells pass from the vessels into the intercellular protoplasm, pushing through the spindle-cells, pushing some of them forward, and undergo the same change as their predecessors. The spindle-cells gradually intertwine, form stellate bodies, gradually fill up the space occupied by the intercellular jelly, and form a more and more dense tissue. The formation of the vast number of small channels, and condensation of tissue, gradually impede the fresh circulation, and the arrival of round cells. The serum coming from blood vessels is now almost all used up for cellular work. The tissue becomes more dry, and gradually assumes the form requisite for function in the locality. The connective tissue formed becomes now the basis of a number of new tissues. From it will such bones of the head and face, which have no cartilaginous preformation, be developed. Some of the meningeal membranes, some coverings for intercerebral ganglia, will also derive their origin therefrom. With the formation of these latter tissues we have nothing to do. The transformation of bone from this tissue is exceedingly simple; though it still follows the mode of general bone formation, that is, by first forming ossific centres (so called points of ossification), and spreading from the centres radially. The tissue formed as just described is what is called reticulated connective tissue, and resembles bone very much. The cells are like bone corpuscles; they have the same shape and their processes anastomose and carry on an active circulation of plasma through them, and produce lymph corpuscles in abundance.

The slowness of circulation produced by condensation of tissue as described, favors a deposition of earthy matter in the intercellular substance, still left to some extent. Part of the tissue becomes periosteum; the vessels left form the nutrient arteries. Bone plates are now readily produced by the periosteum. Between the plates loose bone tissue filled

with marrow cells (diploe) is intercolated. Strong fibrous bands for a time interrupt the spread of ossification and confine it within certain limits. These bands are the fontanelles, and are subsequently the basis of what anatomists call sutures. When ossification takes place after birth in these sutures, the direction it takes and the time the process is going on determines, along with the perfection of synchondrosis in other parts of the head, the *type of man*. Thus, a too early ossification of the sagittal sutures produces the long stretched skull with small forehead, called dolichocephalic; a too hasty ossification in the lambdoid and coronal sutures produces the round head, brachycephalic; a proportionately early ossification of the cartilaginous tissue between the sphenoid and occipital results in a prognathic form of face, etc.; under certain circumstances this irregularity of ossification of sutures and synchondroses, in time and space, produces many deformities of the face, skull, and other parts of the body, and have nothing to do with the otherwise normally developed bones.

The development of other bones is not so simple as those just described. The dorsal chord and its sheaths give origin to all bones; but some are primordially only cartilage, and these cartilages have first to be removed, or rather gradually destroyed, and their detritus absorbed, and then substituted by true bone tissue. The process is as follows: At the height of development of the cartilaginous bones, and whilst it is in full formative intensity, the intercellular substance becoming very dense from the great quantity of earthy matter continually accumulating in it, a sudden change overcomes it. All through the small arteries and capillaries large numbers of round cells are placing themselves in regular rows, enclosing the vessels with a sheath, giving it the appearance under the microscope of a pipe enclosed in a sheath. They advance in a line more or less parallel to the long axis of the bone, if it be a long bone. Whilst this influx of round cells takes place the perivascular tissue becomes highly irritated. At certain spots the cells forming the sheath of vessels (capillaries) lamify, then throw out a long process, the thinnest end of which gradually stretches as far as it can reach, until it comes in contact with similar processes formed by other vessels in the same manner; they coalesce, take up a large quantity of material from its surroundings; then grow rapidly and develop into a cylinder, the innermost part of which very soon liquefies and becomes filled by the pressure of the blood in the vessel with blood corpuscles and serum. In fact, the cylinder has become a blood-vessel—a capillary. The formation of capillaries and their extension into the substance of the cartilage goes on with a simultaneous conversion of the round cells into spindle and star-shaped bone corpuscles, and emigration of new quantities of round cells.

This process of cell formation is identical with that in the formation of subcutaneous bone. But here the new bone cells, the capillaries, and the material from which both are formed and pushed forward, find quite a different resistance in the dense intercellular tissue, and cell groups of the cartilage then they have met in the soft jelly-like protoplasm—there they have as an obstacle cells in active division increasing in rapidity and intensity as themselves and well supplied with nutriment for growth and dissemination.

But here the rule of Darwin seems to be applied, "in the struggle for life only the fittest survive." All the higher vertebrates and man, only the embryonic existence in its earliest stages is cartilaginous bone and efficient for the organism. In the farther advancement of life in the fœtus, and after birth of the child or animal, the circulation has to be regulated not only by the soft connective tissue, but also by the hard and dense—the bones. Besides the mechanical utility of the bones as means of locomotion, they support weight, and protect cavities containing important organs. The notochord cells are transformed into cartilage cells, but a higher embryonic tissue, the skeletogenous sheath surrounding the chorda that is endowed with higher potency, originates true bone tissue and extirpates cartilage where it advances. Whilst the cartilage cells obtain their nutrition from the still partially existing perichondrium, and partly, also, from the vessels in the bone forming zone, yet they are not nearly in a condition to resist the encroaching action of the new round cells; they are also affected as if by an inflammatory irritation produced by the newly forming foreign tissue. They undergo a process of retrogression, become atrophied, then liquefied, and finally disappear, leaving behind them open spaces or holes, called Howship's lacunæ. Quickly these lacunæ are occupied by what has been called giant cells by histologists: that is, conglomerates of large masses of protoplasm, in which are imbedded large numbers of nuclei, and some connective tissue imperfectly developed into capillaries. They fill up every empty space, as if to form a perfect mold of the places left vacant.

Very soon a number of new cells which connect these giant cells with the nearest vascular wall undergo the same changes as the round cells and are transformed into bone cells. Then the giant cells themselves very soon also undergo retrogressive metamorphosis, disappear and give place to new bone cells, which again fill up the spaces left vacant by the former. Kolliker called the giant cells osteoclasts—bone destroyers—because they assist to a great extent the disintegrating process in the re-absorption of cartilaginous bone, and play a great role in the shaping of bone, as will be seen hereafter. Gegenbauer called them osteoplasts, or bone molders, for the same reason. The new cells taking their place and which at first only line the edges of Howship's lacunæ, but afterwards fill them up with bone cells, Kolliker called osteoblasts, or bone sprouts. As each vessel forms a central point round which the ossification is commencing and spreading thence outwardly, the work of destruction of the cartilage and the construction of bone necessarily begins there also. Around each vessel then there is formed a medullary cylinder; for such it is at first. The bone corpuscles form concentric sheaths and are imbedded in a homogeneous intercellular mass of protoplasm, containing great quantities of earthy matter. The position of the newly formed vessels is such that in forming loops running nearly parallel with the long axis of the bone, the anastomosis of the capillaries in forming these loops are nearly always in a parallelogram. The position of the newly formed bone cells is consequently, also, nearly in a parallelogram. As there is a continual work of generation and regeneration of bone going on inside even the newly formed true bone, by means of ever newly forming cells coming from the nearest

proximity of the vessels, the pressure they exert upon the cells in the innermost space of the parallelogram causes these latter to undergo fatty degeneration, and assume that form of tissue which we find in the marrow. Then a quantity of cells and intercellular tissue becomes more or less condensed by that pressure, and is transformed into fine plates, which retain the position more or less they occupied in the loop, and meeting other plates similarly formed at their angles, produce that peculiar system of honeycomb, or even hollow squares, found in a section of a long bone and in all spongy portions of bone. The greatest amount of regeneratory work going on nearest the vessel, the medullary cylinder soonest undergoes fatty degeneration and vanishes.

---

*Art. XCIV.—Ridicule.* By E. H. HOLBROOK, M. D., Baltimore, Md.

It appears to be a great failing with some people to ridicule everything they do not understand. Too lazy to study, or else satisfied that they know all that is worth knowing, they do not trouble themselves to inquire into those things of which they are ignorant. It is a pleasure to every honest man to read or hear the arguments for and against any subject discussed, when decently and honorably conducted; but when ridicule is resorted to in order to defeat the argument of an opponent, we conclude at once the writer or speaker is totally ignorant of the subject he has undertaken to discuss, and his words become disgusting to every respectable ear.

Too much is this the case among medical practitioners. Educated in a certain system, they consider all others as humbugs, and only worthy the vilest epithets. All other physicians outside their particular school, are, one would think, in their estimation only a set of ignorant quacks. It is sad, and yet often amusing, to read the writings of some who are exceedingly wise in their own conceits. They pour contempt on those of a fellow practitioner and laud to the skies their own shot-gun prescriptions, which may be no better than the first has made, if indeed they be as good.

Although I am opposed to the Allopathic school, being bred, dosed, and educated in the same, I should not consider myself justified in opposing that system unless I had studied and practiced it to the best of my ability according to the instructions I had received. As the Eclectic school must necessarily stand in opposition to the Allopathic, it must be inferred that the teachers of the former school thoroughly understand the latter system of medication, and are therefore justified in endeavoring to put down the barbarism and ignorance which therein prevail.

But as modern Eclecticism and Homœopathy are fast approaching each other in many respects, I do consider the unjust, silly, ignorant, and often untruthful assaults made upon the latter school by persons calling themselves Eclectics, as deserving of the greatest censure from every honest man. Whenever I read the numerous articles containing the uncalled-for slurring cuts of ridicule, I at once think to myself this writer knows nothing of what he attempts to assert. If these wise writers knew anything at all about Homœopathy, they would never pen such articles as often disgrace the pages of this Journal. To assert without knowledge

and proof is the characteristic of one devoid of understanding, and it is to be hoped that Eclectics will not in future disgrace themselves and the profession in this way as they have hitherto done.

That there are ignorant persons practicing Homoeopathy, no one will attempt to deny. It is the case in all the schools, and can not well be helped. But to condemn a whole system and all practitioners of that system as unworthy any respect, because of the misdeeds and ignorance of some, shows an evident lack of that which giveth wisdom to the wise. Let us, then, in the future see no more of those silly and unjust assaults, but let all endeavor to promote peace and harmony between the two schools, learning from each, and working together in brotherly love for the benefit of suffering humanity.

---

*Art. XCV.—Letter from Prof. Scudder.*

MUNICH, BAVARIA, Aug. 30th, 1876.

I will write you this last letter from one of the greatest educational centres of Europe. It seems to be the object of the King and government of Bavaria to gather in Munich the best teachers and the best facilities for teaching, in art, literature, and science, and to this end there has been a continued expenditure for the last century. The buildings for educational purposes, for art galleries, and museums, are among the best we have seen, and the treasures gathered in them have been selected with great care and with especial reference to instruction.

This is the second great art centre of Europe (Paris being first), and I might write pages on this if a medical journal was the proper place. But I do not recall but the three paintings in the Ecole de Medicin, mentioned in a previous letter from Paris, which relate to medicine, except possibly a humorous scene by Teniers, of a zahnarst—pulling a tooth.

Munich has an Anatomico-Pathological and an Anatomical Museum, which are very complete and interesting. Singularly enough both seem to be in charge of women, who propose to go round with the visitor and explain the objects to him—with some specimens this does not seem to be quite the thing. However, I shook the women off with my bad German, "Ich can nich Deutsch sprechen. Ich can nich Deutsch verstehen, aber Ich kann sehen." The women looked as if I was an imposition, and followed me about as if they were fearful that I would pocket their museum and carry it off.

The majority of the pathological specimens are preserved in alcohol, and they experience the same difficulty that we have complained of—a continued evaporation of alcohol. Many specimens have about the same interest that our collection of cancers has. You can see that it is a mass of flesh, possibly an organ is outlined, but you can get no useful information about the changes of structure, or the real expression in life, as in the recent specimens.

There were some exceptions, however; among these were some beautiful preparations of typhoid disease of Peyer's patches, which were shown in every stage, from simple engorgement, to ulceration and perforation. Again, I had to confess my want of foresight, care, or forethought, for I

have made dissections that showed disease of these patches as finely as the specimens here. It would have been so easy to cut off a few inches of intestine, split it open, stretch it, and bottle in alcohol, but—and the but is pertinent—no one seems to care for such things. I recollect years ago making a fine preparation of “gastric ulceration,” but the class did not seem to value it. However, I shall try it again.

Among the pathological specimens, there were some very fine ones illustrating diphtheritic disease of stomach, of the small and of the large intestine. Syphilitic disease was very fully illustrated in moist specimens, but the larger number had been so blanched by the alcohol that the distinctive features could not be recognized. Judging from the specimens, I do not think I should like to have “German syphilis,” or German doctors (?). As I grow older and see more, I think the serious lesions of syphilis are due more to the medicine than to the disease.

Here are hundreds of specimens of syphilitic disease of the bones, (mercurial disease ?) and one shudders to think of the extreme penalty paid for a moment's indiscretion. Here are bones eaten away, bones greatly enlarged, bones spongy, bones hardened in places to the consistence of ivory, bones contorted and misshapen, bones diseased in every possible way that the imagination can conceive. In one case the entire calvarium is eaten off. In another, one half of the face to the eye is destroyed. In another, the hand and arm, enlarged to four or five times its natural size, has become a foul ulcerating mass. Truly, “her steps lead down to hell.”

The cabinet of bones in illustration of badly united fractures is quite large, though hardly so good as in Paris. Looking at the specimens, one reaches the conclusion that there is abundance of bad surgery in Germany. It is singular how far nature will go to restore an injury. In one specimen of fractured femur, there was five inches shortening, and the width of new bone for repair measured over four inches; it is a wonderful specimen, and yet from the marks of the muscles it had given the person a useful limb.

The European wars have given the Museum a large number of specimens of fractured crania. Nearly all showed the marks of the trephine, and as Mark Twain would say, “they were all dead.” Trephining is not a very profitable operation—for the patient.

As usual, “bottled children” were abundant, though here the object was to illustrate some deviation from normal development. Some of the monstrosities were singular. Two specimens showed a distinctly marked penis in place of a nose; in one the face was on the back, between the shoulders; one had two heads and four arms; another two bodies joined together at the lower part of the trunk, no legs; several Siamese twins, in addition to the common malformations with which the readers are familiar.

The Anatomical Museum is a very fine one, and shows the marks of care and long work on the part of the anatomical professors. (They are salaried by government, and retain their positions for life.) The collection of human skeletons was quite large, and they were well mounted; but as one was the counterpart of the other, I could not see the use of so many. The disarticulated bones were well prepared, but not as nice

as the Parisian. The collection of crania was fair, but for want of arrangement and catalogue, not of much value to the student.

The dissections were very good, and well preserved. I do not think we value these preparations as we should, for certainly no specimen will give as vivid an idea of the arteries, veins, nerves, and even the muscles, as a well preserved dissection of the human body.

The artificial preparations were all from Paris, and of the average goodness. Some of the newer ones were, of course, very good. Take it all in all, it was a most excellent field for study, and I should like to have it at home for a winter.

Munich has a great exposition in progress, and the city is full of strangers—many from distant parts.

These anatomical museums are named among the prominent objects of interest, and one naturally expected to find physicians and students there. How many do you think visited them the day I spent there? One solitary student, who completed his investigation inside of an hour, and took his departure. The same old story. I had Dupuytren's great Museum to myself for two half days, and the Museum of Munich for a day, with the exception noted. It was very different with the National Museum, which contain objects to interest the general public—it was crowded in every part.

By-the-by, I had occasion to get a prescription filled in Munich. It read as follows :

R Salicylic acid,  
Bi borate of soda, aa. grs. xx.  
Distilled water, ℥v.

The salts were solved by heat; the preparation filtered; put in a nice white glass bottle; fine cork, which was covered with common and then gilt paper, tied with a red string, and nicely cut; all wrapped in a fine wrapper—for how much, do you think? Sixty-eight pfennigs, or about seventeen cents in our money. That is cheap medicine, to say the least. Whilst waiting for this I noted the method of "hand-selling." A little boy came in and had "worm medicine," very nice looking troches, for two cents; and another had pills for four cents; and another a package of herb for two cents. Of course, they were small packages, but all that was wanted, for a very small amount of money.

---

***Art. XCVI.—Encephaloid Cancer in Left Groin Involving all of the Bones of that Region.*** By DR. O. A. PALMER, West Farmington, O.

Mr. A. M. H., was born in 1849, from healthy parents. He enjoyed good health during life, except when he had lightly one or two diseases of childhood. About eighteen months ago, he commenced to look anæmic, and lose flesh, which was soon followed by marked prostration. He continued to do business until about the first of December, 1875, when his left lower limb commenced to pain him, but did not swell. This condition of his limb confined him to his house for a few days, after which he did some business, but not without considerable pain in the limb.

To quiet the pain, he took large doses of morphine. On the morning of the 2d of Jan. 1876, I was called to see him. I found him unable to talk, from what appeared to be a paralyzed condition of the organs of speech. Pulse, 90; tongue coated yellow; skin dry; bowels constipated; urine scanty and high colored; no appetite; with considerable pain in limb extending up to the back. He received general treatment and had applied to the limb stimulants which gave temporary relief. I left him, expecting to see him on the morning of the 3d, but was called about 2 o'clock, in the afternoon of the 2d, in some haste. They told me he had what appeared to be "lock-jaw," but in a few hours I discovered it was a spasmodic twitching of the muscles of the face; which he had at intervals from an hour to two or three weeks, while he lived.

The above general symptoms continued for four or five weeks, excepting pain in his limb, which had not stopped long, before he lost the use of his right arm, which remained so until he made a temporary recovery from the above named symptoms; then the arm regained its usual strength and he commenced to converse some, but never obtained full power of speech. I find him now with a clean tongue; skin moist; good appetite; bowels constipated; pulse varying from 90 to 120 per minute; urine scanty and high colored, most of the time. These functions remained nearly as just stated, until death. The marked symptoms of the disease now made their appearance, and we could not help noting the fact that our patient was not long to be with us. The skin covering the growth presented those blue dilated veins (that extended upon the abdomen,) and purple-brown tint that are so characteristic of this disease. He suffered very much pain in the groin, and at times in his knee and foot; so much so, we were obliged to use a large quantity of morphine with the hypodermic syringe. About eight or ten weeks before his death, his limb swelled very much, but in a short time it subsided some; then in a few days swelled again, and remained so until death.

Death ended the sufferings of our patient on the 5th of May, 1876, and on the 6th, I made a post mortem examination. I found a growth as large as an adult head, which had nearly destroyed all of the bones with which it came in contact.

I pen this article to refresh the mind of the busy practitioner a little, and to show how singular the symptoms of this case were.

---

*Art. XCVII.—Shy Thoughts.* By DR. A. D. BUNDY, St. Anagar, Io.

I have just had my files of the Journal neatly bound, from 1864 to 1874 inclusive, and have been looking them over and noting the changes in medical teaching and practice for the past ten years. And it is with a feeling of pride that I can note the improvements made by our teachers, writers, and practitioners—during so short a period—from a system of harsh and uncertain medication has emerged one gentle, pleasant, and effective. The readers of the Journal do not realize as yet how much we owe Prof. Scudder, for his efforts in bringing Specific Medication before the profession. I will admit that it is no easy task to study medicine and its application after his plan; nevertheless, it is a very successful one,

and one that tends to advance the science of the healing art. An Old School physician, a few days since, remarked to me that Scudder was a great man, but that his Specific Diagnosis and Specific Medication had made more quacks than ever Homœopathy or any thing else had; for the merest tyro in medicine could obtain a copy of each of the works and practice with as great a success as any one. He also remarked, with a very wise look, that he had a recipe which he now used in continued fever, to the exclusion of almost everything else, and found it to answer well in every case. He obtained it from a professor of some medical college in the South. Here it is:

R Syrup rhei aro., ℥iv.  
 Fl. ex. valerian, ℥ij.  
 Bicarb. soda, grs. xxx.  
 Piperin, grs. viij.

M.

S. Teaspoonful every four hours.

He gravely informed me what indications the wonderful prescription would fulfill. I could hardly repress a smile, to think that a man of an experience of thirty years, and who has grown grey in the profession, should yet believe in the efficacy of such a prescription, for a case of continued fever. Such an idea shows anything but a progressive mind, or one who studies and thinks. The Old School is filled with men to-day who are on the same plane of thought as when they attended their instruction; they learned their lesson as the churchman learns his creed, and still goes on in the tread-mill style.

We note the progress in medicine on every hand, even from our Old School teachers. Flint, in his latest edition of Practice, in speaking of the treatment of peritonitis, excludes all the old measures except opium; and he recommends the use of the special sedatives, aconite and digitalis, and in much smaller doses than heretofore used. In looking back eleven years, when I first commenced practice, I often wonder that I did not kill my patients with the large doses of aconite and belladonna; as it is I can recall cases that, after taking three to five drop doses of strong tincture of aconite, would be gasping for breath and almost pulseless, and beg of me not to give them any more. I believe it is more instructive to analyze and think over our failures and mistakes in treatment than to dwell so positively on our seemingly successful cases. The books that I get most thinking material from are, Thomas King Chambers' Lectures, Williams' Pathology, Henle's Pathology, and the Eclectic Medical Journal. Our Old School friends are talking a great deal about elevating the medical schools of the country by giving a more thorough course of instruction. That is what is needed no doubt, but what is really wanted is a more practical application of what is already known of physiology, anatomy, etc., and not so much a profound knowledge of the classics. Study and knowledge, without thought and rational application of that knowledge, are of but little use. I feel the need of knowledge in every way I may turn; but I find that by thinking and close application, I am obtaining a knowledge that is priceless. I want to thank the Journal for all I have gleaned from it in the past decade; many choice thoughts and hints have been treasured up by me and have become a part of my mentality. The

recipe and shot-gun formulas I never read, except as matters of curiosity and when I want a good laugh, I take up my bound volume of the Eclectic Medical Journal of 1873-4, and read the strictures on an article written by one L. B. Jones, on the Treatment of Pneumonia. For fear I may appear prosy, I will close.

---

*Art XCVIII.—Specific Medicines are Definite.* [By J. U LLOYD, Cincinnati, O.

If a medicine is reliable its composition must be known and unchangeable. It can not be weak to-day and strong to-morrow, and be reliable; and yet either a weak or a strong preparation is definite, providing the constituents of the compound are known.

In his practice, Dr. J. M. Scudder insists upon getting medicines that are prepared from prime crude drugs. The "Specific Medicines" he recommends so highly, if prepared as he demands, are in the majority of cases made from fresh herbs, roots, or barks, carefully gathered in their proper season, preserved in alcohol and used in definite quantities, consequently, the "Specific Medicines" are in every sense *definite medicines*.

It does not necessarily follow, however, that all definite medicines are specifics; *e. g.*, suppose Dr. Scudder finds that a given amount of his specific eryngium will act in a certain manner in some peculiar diseased condition an organ of the body is liable to. The specific was prepared from prime fresh eryngium, each pint of specific representing eight Troy ounces of the root; this makes it a "definite medicine," because the strength is known to a certainty, its limits are precise, each fluid ounce represents two hundred and forty grains of eryngium; but if we take this pint of specific and add it to seven pints of alcohol, the mixture will still be a definite medicine, for we know each pint now represents an ounce of eryngium, its composition is known as certainly as was that of the original specific, and it is as much a definite medicine as the former was; but as it will require eight drops to produce the therapeutical action that resulted from one drop of the former, its specific action, as learned from experiments made with the first article, is destroyed. It is still a definite medicine, but *not a specific*.

One grain of strychnine in a barrel of water is a definite preparation, one drachm of strychnine in an ounce of water is also a definite preparation, the composition of each is known, both are definite; but as a medicine, sixty drops of the former can be taken with impunity over and over again, while sixty drops of the latter would be almost certain death.

Honestly made U. S. P. fluid extracts are *definite*.

Honestly made U. S. P. tinctures are *definite*.

Homœopathic diluted tinctures are *definite*, but are none of the above J. M. Scudder's "Specific Medicines," although specifics if honestly prepared are *definite medicines*, and unless they are honestly made from prime materials, they are not definite in composition, and can not be "specifics," whatever label is upon the bottle. A preparation may be put upon the market as a definite medicine, and be a fraud therapeutically.

I am induced to write this article as an open letter, in reply to several

communications. Let our medicines be honestly made and they will be definite. Specifics are definite, for unless they are definite in composition, they certainly can not be specific medicine.

---

*Art. XCIX.—Dioscorea Villosa.* By C. G. LLOYD.

Wild yam is an herbaceous twining vine. It grows in damp woods, in rich soil, and never in patches. The stem is about the size of a goose quill, and from ten to fifteen feet long; it is very smooth and twines from left to right around other plants, fences, etc.

The lower leaves are in whorls of four to six leaves and the distance between these whorls is about a foot. The upper leaves are alternate and are arranged on the stem from two to four inches apart.

The petiole, or leaf stalk, is slender, slightly flattened on the upper side and about as long as the leaf blade. The lamina, or leaf blade, being very symmetrical, is attached to the leaf stalk at such an angle as to form a very pretty leaf. This leaf blade is heart-shaped, smooth, entire, ends in a slender, tapering point, and has from nine to eleven prominent veins diverging from the top of the leaf stalk.

Small greenish flowers appear in the latter part of June; these flowers are dioecious, that is the male and female flowers are on different plants. The female flowers are in loose panicles, proceeding from the axis of the whorled leaves; each minute flower consists of six stamens and a six parted calyx. The male are in few flowered spikes, and the most conspicuous part of the flower is the inferior, three angled ovary.

Wild yam fruit is a three angled, three grooved, three celled capsule, and each cell contains two flat, membranous winged seeds. In winter, bunches of these capsules can be seen hanging among the bare branches of the shrub around which the vine twined. The seeds have escaped through splits in the bottom of the capsules, but the dry brown valves remain rustling in every breeze.

The root of the *dioscorea villosa* is a perennial, woody rhizoma, from three to six inches long, half an inch thick, and marked with large, rough, knot-like projections which are the bases of the vine stalks of former years; externally it is of a light brown color, internally a pure white when recent, and like the roots of all other endogens, it has no distinct woody layers, bark, or pith.

Large quantities of another root are annually thrown on the market and sold as wild yam. Prof. J. M. Scudder has tested for medicinal properties in this root and has decided that it is entirely inert. This root is another variety of *dioscorea*, which closely resembles the true *dioscorea villosa*, and the greatest apparent difference between the two is the appearance of the roots. The roots of the false wild yam are slender, smooth, about a quarter of an inch thick, and not marked with those prominent knotty protuberances, so characteristic of the roots of the true wild yam. The false yam, unlike the true, grows in patches in hard clayey soil. The leaves of the false are slightly downy on the under surface, and of a lighter color than those of the true; otherwise, the tops of the two plants very closely resemble each other, but as such a marked difference exists

between the appearances of the two roots, there is no reasonable excuse for the substitution of spurious for the true yam, and yet a large part of the commercial yam is this worthless article.

In the spring and early summer, the roots are filled with sap and possess but little medicinal properties; hence, the roots should invariably be gathered after the plant has flowered. I find the most seasonable time to gather wild yam in this locality is during the month of September; at that time the root is in prime condition, and if carefully washed, bruised, and put into alcohol, it will make a most efficient tincture.

---

*Art. C.—The Pentadactyl Type.* By A. J. HOWE, Curator of Comparative Anatomy in the Cincinnati Society of Natural History.

Medicine is a branch of natural science; in its range it dips deeply into Zoology. The anatomy of man does not differ essentially from that of other mammals. The philosophic anatomist finds interesting and instructive material for reflection in the structures of what are called the "inferior" animals. Indeed, it has been asserted by the most distinguished scientists that the human body is best understood by those who have compared each part of it, so far as comparisons can be made, with homologous parts in the lower animal forms. And those who are just entering upon such studies will be astonished to find how closely nature sticks to a primitive *type* or form. If she departs from the typical formula for special or adaptive purposes, there seems to be a disposition to return, fully or in part, to the original and favorite model. This tendency to adhere to a fundamental rule is exemplified in the number of cervical vertebræ in mammals. Man in his comparatively short neck has seven bones, and so have the bat, the porpoise, and other almost neckless creatures; and in the long necked giraffe, camel, horse, deer, and weasel, there are but seven vertebræ—a typical number which prevails with wonderful pertinacity, considering the scope for adaptive variety in the length and functions of mammals' necks. The only exceptions are in a species of sloth and the tropical manati.

Five is a common number for digital division among vertebrates; and our own hands and feet present these digits in a high degree of perfection. Our fingers, with the opposable thumb, are not equaled in function by the digital development reached by any other animal. Man has been classed alone as bimanous, on account of his possessing two hands. The monkey is endowed with four hand-like extremities, hence he is called quadrumanous. A unity of method in the construction of the carpal and tarsal terminations is strikingly apparent not only in the higher, but in the lower vertebrates, fishes alone forming exceptions. The pentadactyl is a wide range of application—it reaches reptiles as well as walking, swimming, and flying mammals. Divergencies are common, for the necessities of modified organizations enforce variety. The herbivora must have feet and legs suited to their manner of living; and the carnivora need digital terminations which shall enable them to capture and tear in pieces their prey. If the claw be sharp its point is protected by a sheath and by being raised from the ground. Amphibious animals adhere quite

closely to the pentadactyl type, though their digits may be concealed by a web. Birds apparently depart considerably from the prevailing order of digital division, yet in their legs and wings may be found the evidence that they are constructed in accordance with the somewhat rigid formula.

Variations in digital termination can not be fully comprehended without considering, anatomically and functionally, all the bones which constitute what are denominated the shoulder and pelvic girdles. In an anterior limb may be found a scapula, humerus, radius and ulna, and carpal and metacarpal bones, to which the phalanges are attached; and the greater the number of digits, the nearer certain it is that a distinct ulna and the usual complement of metacarpal bones will be present. A posterior extremity embraces a haunch bone, a femur, tibia and fibula, tarsal and metatarsal bones, and phalanges; and when five toes are fully developed, as many metatarsal bones exist, and the fibula is present. But if two digits disappear, there is a corresponding shrinkage in the metatarsus, and a dwindling effect manifested in the fibula.

The simian thumb is not opposable to all the fingers—it is dwarfed and imperfect; and in the inferior animals this digit is the first to shrink and disappear. The fifth or "little finger" is occasionally rudimentary, yet it puts in an appearance oftener than the pollex, or first digit. The third and fourth digits not unfrequently attain gigantic proportions, and usually at the expense of the other digits. The hallux, or "great toe," is functionally important in the monkey, but it is apt to shrink and vanish in the lower animals. The raccoon, which is anatomically allied to the monkey, and exhibits many simian freaks of character, possesses five digits upon each pedal extremity. The opossum is also pentadactyl; and the hallux is placed at right angles with, and is opposable to, the other four digits; it has a short and thick terminal phalanx that bears no nail. Foxes, dogs, wolves, and hyænas, possess four functional toes which reach the ground, and a rudimentary digit of greater or less development, which bears a nail, but does not come to the ground, nor have any functional importance; and this dwarfed toe is on the inside of the carpus or tarsus, where the most important digit exists in man.

All the feline race are pentadactyl, yet the first digit in each foot is rudimentary and mostly devoid of function. Minks, otters, and beavers exhibit five digits on each foot; and so do many of the great aquatic mammals. Frogs have five toes behind, and four in front, with a knob on the carpus to represent the fifth. The alligator has five digits in front, and four behind, with a mark for the fifth. Animals with a lizard-like conformation have from three to five toes; and in some lacertian swimmers the shoulder and pelvic girdles are rudimentary all the way through, the legs being too feeble and undeveloped to sustain the weight of the body.

Herbivorous animals have mostly, for each foot, two strong toes that come to the ground, and two rudimentary digits which are called "dew claws," and have no functional importance. The latter bear diminutive hoofs, embrace phalanges, and have metacarpal and metatarsal splint bones. The fifth digit in these cud-chewers, or ruminants, is rarely or barely represented by a mark or sign, hence such animals are denominated

artiodactyl, or even-toed. Most of them present no upper incisor teeth; and they grind their food imperfectly while it is being cropped and swallowed. Their intestinal canal is long and complicated, for the purpose of extracting nutriment from herbage not always rich in nutritious supplies.

Man possesses a distinct radius and ulna, and a tibia and fibula; and so do most of the perissodactyl or odd-toed animals—those having one, three, or five digits. The pig has upper and lower incisor teeth, ankylosed radius and ulna, and a distinct tibia and fibula. Its toes are like those of ruminants, two functional and two rudimental on each foot.

The sheep, the goat, the ox, the buffalo, the moose, the deer, and the antelope, have an ulna with a well developed olecranon process, but the lower extremity bleeds with the radius; the fibula of these animals is wholly wanting, or is represented by a mere knob on the upper extremity of the tibia. The limbs of turtles and alligators possess a radius and an ulna, and a tibia and fibula, all being as distinct and evenly divided as corresponding bones in the limbs of the human race.

The horse is a one-toed creature; but the fossil remains of its extinct predecessors, show that the original *hippus*, or the earliest of the *equine* family, possessed five toes, and was not larger than the smallest ponies now in existence. The fossil bones of a horse with three toes, the central digit being the largest; are found in the Eocene and Miocene beds of the Upper Missouri River—in the “bad lands” of Wyoming. In the Pliocene strata are found the fossil bones of a bigger horse which had a large toe that reached the ground, and two lateral toes that were rudimentary, as are the “dew-claws” of an ox or other even-toed animal.

The horse of our time is one of the most beautiful and highly developed of the great animals. He is fleet of foot and strong of limb. Each pedal extremity possesses a series of toggle-joints, as the articulations of the limbs may be called, consequently in him is made the best provision for an outlay of muscular and mechanical power. The legs are long and slender, and moved by muscles which are admirably arranged for the development of strength and speed. The spinous processes of the anterior dorsal vertebræ are long and high to give an elevated attachment to muscles which indirectly lift the feet from the ground. A horse “high in the withers” is not likely to stumble when he trots. The moose is a trotting animal, and has few smooth roads to travel upon, consequently it is very high in the withers, even higher than the horse. The deer runs by leaps, and rarely trots, therefore it need not be high in the withers, and is not relatively so high in that region as the moose. The humerus of the horse is buried in the flesh of the shoulder, and the femur in the tissues of the hip, so that neither can be traced in the outline of the limb; yet these bones are very large and compact; and so obliquely placed as regards adjacent bones that they afford admirable angles for decomposing jars and shocks. What is ordinarily regarded as the knee in the front and hind limbs, is really what in man are the wrist and the ankle. The ulna is prominently developed in the olecranon process, but becomes a splint below and blends with the radius; the fibula is represented only by a process of bone projecting from the upper extremity of the tibia. The carpus and tarsus of the horse consist of two chains of comparatively

small bones, as representative parts do in man; but the metacarpus and metatarsus are wonderfully transformed or differentiated. The central metacarpal and metatarsal bones—called *cannon bones*—are large, long, and strong; and the lateral metacarpals and metatarsals are represented by splints which can be barely outlined from the upper end of the cannon bones to a point a little below the middle of the great central shaft, which represents about all there is of the metacarpus and metatarsus. And below this is a central continuation of a single row of phalanges, without even splints to represent lateral digits. Five sets of phalanges are consolidated in one row. This consists of the upper pastern, the lower pastern, and the coffin bone which represents the terminal or ungual phalanx, and supports a hoof instead of a nail as in man and many other animals.

The horse has long lips to gather in its food, and six good incisors in each jaw to crop grass; behind these are short tusks in the male, then comes a toothless space for the "bit," and still further back are the immense grinders which do such excellent service in mashing and pulpifying the food, whether it be grass, hay, or grain. And the grinding is so well done that the food does not have to be regurgitated and chewed over as a cud.

The elephant's foot conforms pretty nearly to the pentadactyl standard, for it terminates in five toes; yet the inner toe (hallux and pollex) is somewhat imperfect, or rudimentary in its fundamental character. The hippopotamus treads upon four toes, and has the rudiment of a fifth which is on the *inside* of the carpus and tarsus. The rhinoceros goes upon three toes, the "little toe" vanishing entirely, and the "great toe" existing in a rudimentary state, or is not developed sufficiently to reach the ground.

The kangaroo has five digits in each of its fore paws; and apparently three, though really four, in each of the hind feet. The failure is on the inside of the foot, the hallux is wanting and the next two are so dwarfed that in the seemingly combined state they are not equal to the outside digit, which again is smaller than the immensely developed *fourth* toe reckoned in the order from "great" to "little." The two dwarfed toes which appear in the living animal as single, have but one metatarsal bone that reaches back to the tarsus; and this is very slender. When the animal sits at rest the os calcis reaches the ground, but in hopping about the two outside toes in each hind foot receive the weight of the body, and break the shock by means of a well developed plantar arch, and elastic plantar ligaments which stretch from heel to toe as a cord subtends a bow. The tracks of the kangaroo are much like those of a hopping bird. The bandicoot has a hind foot similar to that of the kangaroo, yet the "little" or outside toe is comparatively dwarfed, and the one next to it is as much more enlarged and elongated—it becomes the greater part of the foot, while the others dwindle to insignificance.

In the fore foot of the mole there is seemingly a violation of the pentadactyl type, for six terminal claws are found. But upon dissecting the limb it is shown that the supernumerary claw is a falciform hook, that springs from the radius, and is not therefore carpal except in function—a splint to give width and strength to the spade-like hand.

The sloth has but two toes functionally developed in front; and two rudimentary digits exist, yet the animal is called two-toed. The nails on the developed digits are long, strong, and so curved that when hooked upon the branch of a tree, they will not let go, though the animal be asleep or even dead. A species of the sloth has three toes in the fore foot, and a rudimentary fourth. The jerboa has three toes to each hind foot, and three ankylosed metatarsal bones. The conformation of the entire limb is much like that of a bird.

The anterior extremity of the bat has four enormously extended phalanges to give expanse to skinny wings; the fifth digit is only a hook or undeveloped claw. The posterior extremities present five digits to each foot; thus, in the anterior and posterior extremities, the pentadactyl type is followed.

---

**Art. CL.—Aspiration.** By A. J. HOWE, M. D.

About twenty years ago Dr. Bowditch, of Boston, advocated and practiced paracentesis thoracis, and used an instrument which favored evacuation of the fluid by suction. The operation, then, is American, but has been improved upon by European surgeons. Some years after the legitimate stamp was placed upon the operation, Pasteur demonstrated that the air was swarming with animal and vegetable germs which were liable to enter the serous sacs when opened accidentally or purposely, and that these organic microcosms would produce irritation that was inclined to pass into inflammation and suppuration, therefore to prevent the entrance of these noxious qualities was advocated as a desideratum.

Subsequently Dieulafoy, of France, contended that a quantity of fluid in the pleural cavity could not be evacuated without the air, which rushed in to take the place of the fluid, would prevent the collapsed and compressed lung from resuming its wonted shape and space, thereby leaving no room for fluid of any kind. With all these considerations before him he contrived an air-pump, a piece of rubber tubing and a hollow needle, and so combined them that fluid could be taken from any cavity of the body, and by a set of stop-cocks in the evacuating apparatus, no air would be allowed to enter as the fluid came out. While I admit that this performance might be executed with a machine in good working order, the chances are that more or less air would beat the devices of any mechanical apparatus yet invented for "aspiration." The operation reminds me of the method a nice old dairy woman adopted to get rid of liquid filth that lodged in milk set for cheese. An old gentleman addicted to "chewing" inordinately and to spitting proportionately, and not always observing where he spat, called on the old lady, bringing with him a purchaser of her reputable productions; and while engaged in conversation he inadvertently spurted some tobacco juice full splash into a pan of lacteal fluid. The very nice dairy woman seeing the mishap, and knowing her customer had observed it, exclaimed, "there, I shall have to go and strain that milk over again!" She probably accomplished about as much as the surgeon would who attempted to evacuate liquid from a cavity, and expected to prevent the entrance of air: he might go through with the showy effort, but that would be about all. And if he should exclude every particle of

air, is it certain that any substantial good has been accomplished? The same membrane which developed the first lot of fluid—serum or pus—is there to evolve more, for the mere act of evacuation will not arrest the secretory action.

But it is argued that the presence of air in the space made a vacuum by the aspirating force, prevents the compressed lung from regaining its wonted shape. But in reply it may be said that the space occupied by the fluid was not altogether obtained by diminishing the size of the pulmonary tissue,—a part is gained by a bulging outwards of the ribs; and their resiliency, as soon as the cause of distension is removed, brings them back to their accustomed curves. Then, again, the air which reaches the pulmonary vesicles during respiration, presses the lung outwards with as much force, if not more, as air tends inwards through a puncture in the thoracic walls.

As I have frequently said, on former occasions, I am generally in favor of evacuating liquid in the pleural cavity by employing a trocar and canula. I have performed the operation so many times without untoward results, that I feel like challenging comparisons of results obtained by the employment of air-excluding evacuators.

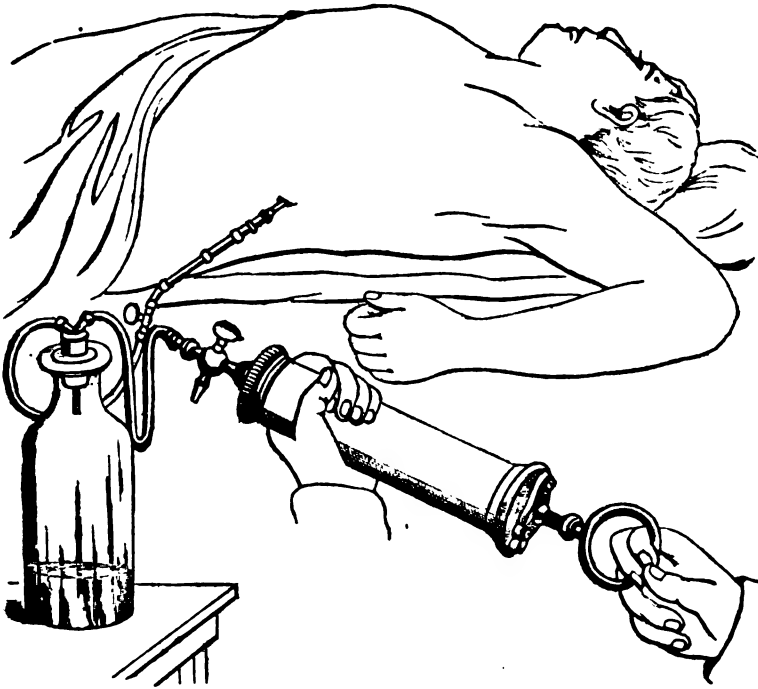
However, an aspirator has its uses: and the instrument might be needed when an operator could not afford to be without it. In a personal encounter one individual might receive a kick in the chest, that was followed by an accumulation of fluid in the pleural cavity. If this liquid was drawn off with a trocar and canula and the patient died soon after, the defence might set up the plea that the fluid should have been aspirated,—that such a course of practice was in accordance with the most reputable usage and teaching of the day.

Besides, the aspirating apparatus has several needles of varied sizes, to be used in exploring abscesses, and suspected accumulations in the cavities and tissues of the body. It is now considered legitimate to puncture the distended protrusion of a strangulated hernia; and to empty ovarian cysts through an aspirating needle. The puncture of a needle will do little harm to a fold of intestine.

The aspirator of Molesworth, which is a modification of that invented by Dieulafoy, is the one represented as in operation in the accompanying diagram. The instrument can be employed to remove air or liquid from the pleural cavity, or from any other sac or space. It is just the instrument to empty an over-distended pericardium; and may be employed to lessen the size of the protruding portion of a strangulated hernia. There are several hollow needles which go with each instrument, the variety affording different sizes. It is now well established that the parieties of several of the cavities of the body may be punctured with a small aspirating needle without inflicting a dangerous wound. Even the intestines and the bladder may be perforated with a medium sized needle, and no peril from peritonitis or cystitis arise. The needles may be used to explore hydrocoele, and other accumulations of fluids in sacs.

The commonest use for the aspirator is in evacuating the pleural cavity when distended with serum, pus, or other liquid. The needle is sent through the thoracic parieties, when a few drops of fluid show that the

avity is entered; the rubber hose having a stop-cock is then attached to the needle, the thumb-piece being so turned as to prevent the fluid from entering the hose until the bottle is exhausted of air by the aid of the pump and its valves. As soon as a vacuum is produced in the bottle or jar, the cock on the pump-side is closed, and the one on the needle-side is opened. Fluid will now be seen to pass through the section of glass tubing which is inserted in the hose for that purpose; and the liquid is also viewed as it falls into the air-exhausted bottle.



Molesworth's Aspirator.

If it be desirable to inject fluid into the pleural cavity which has been evacuated, the stop-cock on the needle-side is turned; the cock in the bottle removed, the jar emptied, and then partly filled with a simple or medicated solution. Air is next pumped into the bottle until considerably condensed; turn the bottle upside down, so the liquid shall be next the cock and the air uppermost: and then open the cock on the needle-side, when the fluid will rush through the hose and needle and enter the cavity. Reversing the operation will withdraw the liquid.

*PERISCOPE.**The more Common Forms of Enlargement of the Lymphatic Glands.*

Dr. J. Warrington Haward, in an instructive article (*British and Foreign Med. Chir. Rev.*, Jan. 1876,) remarks: "It has been so much the custom to regard enlargement of the lymphatic glands as the special characteristic of scrofula, that many glandular swellings, having no relation whatever to that disease, are frequently classed and treated as scrofulous. This is especially the case with regard to swellings of the cervical or submaxillary glands; yet it is certain that the majority of these enlargements are of a local and not of a constitutional character. The epithet 'scrofulous' is, in fact, often applied very loosely, and seems sometimes to be used rather as implying some mysterious influence or peculiarity, than as indicating that a person is affected by a definite disease. Yet the symptoms of scrofula are sufficiently well defined, and enlargement of the lymphatic glands is but one, and that not a constant one, of these; and it is no more reasonable to call a child scrofulous because it has enlarged or even caseous cervical glands than it is to apply the term to a chronic inflammation of a joint in an otherwise perfectly healthy child, or than it would be to call a person syphilitic, because he had a periostitis of his tibia. An examination of any considerable number of cases of enlargement of the superficial lymphatic glands, will show the majority of these to have a local origin. The glands most often seen swollen are the cervical and submaxillary, and the greater number of such swellings depend upon inflammation of the scalp or gums. Slight cases of eczema, or impetigo capitis are exceedingly common in children, and are very frequently the cause of enlarged cervical glands; but the eruption being but trifling is often overlooked, and the surgeon's attention asked only to the condition of the glands. So also inflammation of the gums during teething, stomatitis, ulceration of the throat, and disease of the middle ear may give rise to swellings of the associated lymphatic glands. Glands affected in this way may attain a considerable size, but as a rule will recover their natural condition on the removal of the irritation. Usually several glands are affected; they are not distinctly isolable from the surrounding cellular tissue, nor are they freely movable; they are, moreover, painful and tender; sometimes they suppurate. A peculiarly acute and painful inflammation of the posterior cervical lymphatic glands is occasionally seen in connection with scalp wounds; this usually runs a rapid course, and subsides without the formation of matter. Doubtless, if any of the above named irritations occur in a scrofulous person, the glandular enlargement is prone to show an increase and a persistence, out of proportion to the severity or duration of the exciting cause, and thus it may pass on to caseation or necrosis; but this is by no means necessarily the case, for the lymphatic vulnerability varies greatly in scrofulous persons. Caseation must not be looked upon as the distinctive mark of scrofula, for almost any chronic enlargement of a lymphatic gland may result in caseation, and certainly this process may occur in an otherwise perfectly

healthy subject. A single caseous, and in some parts cretaceous, gland was removed five years since from the neck of a boy who was the picture of robust health, and who I know remains so at the present time, and has never shown the slightest trace of scrofula.

"Inflammation and chronic disease of a joint will cause indolent swelling of the associated lymphatic glands; and this in persons who are not in the least degree scrofulous. One of the earliest symptoms of disease of the hip-joint is often a slightly painful enlargement of the inguinal glands, and there are few cases of hip disease in which some swelling of these glands is not found. In disease of the cervical spine, also, swelling of the posterior glands often occurs, and it is important to remember that the stiffness of the neck in such cases may depend, not upon the painful glands, but upon the joint disease. The glands do not increase very greatly in size, but will remain for months swollen to about the size of filberts, and slightly tender to the touch; and as the joint disease subsides, they regain their normal condition; excepting the tenderness, they precisely resemble the amygdaloid glands of syphilis. In many robust persons this condition of inguinal or axillary glands ensues upon any severe exercise of the arms or legs, such as rowing, or prolonged walking, and seems to be quite unassociated with any delicacy or weakness of constitution.

"The true scrofulous disease of the lymphatic glands is a slow and almost painless enlargement, usually of the superficial glands, and most commonly affecting those of the groin or neck. It commences simultaneously in several glands; these are at first soft, and surrounded by a little cellular swelling, so that the shape of the gland is not very well defined. As the enlargement increases, the glands become firmer and more defined, in this respect differing markedly from Hodgkin's disease, in which, by their growth, the glands become fused together. In the course of time caseation ensues, and goes on either to cretification or to softening and abscess. Suppuration is much more rarely seen in the deeply situated, than in the superficial glands; and when it does occur, takes place slowly and with scarcely any pain; there is but little disposition to pointing, and the matter is ill-formed and mixed with caseous debris. The skin often becomes extensively undermined and ulcerated, and thus result the unsightly scars and puckerings so often seen in scrofulous persons. An examination of a scrofulous gland reveals a general hypertrophy, with close packing of the cellular elements, leading, by a compression of its blood vessels, to an anæmia, and consequent want of nutrition of its tissues. Fatty change soon ensues, and a subsidence of the swelling may take place; but usually the degenerated tissues either break down into cheesy material which eventually becomes calcareous; or suppuration takes place, accompanied by some little surrounding inflammation. Even if suppuration has occurred the abscess may not open, but may dry up, leaving only a caseous matter unabsorbed; but this is very prone to become the seat of residual abscess, and thus to cause subsequent trouble; so that an abscess having once formed, its evacuation is to be desired.

"In Hodgkin's disease the enlargement is usually at first confined to one set of glands, sometimes to a single gland. The affected glands can at first be felt firm and shot-like, and are perfectly defined and separable from the surrounding tissues. They are quite painless, and increase without any sign of inflammation. When somewhat larger, and while still firm, they closely resemble the syphilitic amygdaloid glands, and at this stage are quite indistinguishable from them. Growth, however, rapidly proceeds, and as the glands become larger, they also become softer and less defined, until they eventually become fused into one large lobulated mass, the skin over which remains unchanged. As the growth progresses, it insinuates itself amongst the neighboring structures, and may spread by continuity, a long distance from the point of origin before the system generally becomes infected."

The treatment of lymphatic glandular swellings must depend, Dr. H. states, upon the diagnosis. The simple enlargements depending upon neighboring irritation will, if left alone, subside on removal of this cause, but "if the skin over them is irritated by the application of iodine poultices, or blisters, they may be provoked, as one so often sees, into still further enlargement, or even suppuration. Nothing in therapeutics is more curious than the way in which some practitioners paint tincture of iodine over every imaginable kind of swelling; to some minds the mere existence of a tumor seems at once to suggest the local application of iodine, and to these, painting with iodine seems their refuge in all cases of doubtful diagnosis, as though changing the color of the skin were supposed to affect the character of the growth beneath it. Unfortunately, the staining is not the only harm done by such applications, for they inflame the skin, and thus keep up or increase the glandular irritation for the cure of which they are used, or render the parts unfit, for a time, for necessary operative treatment. An acute swelling of a single lymphatic gland may be sometimes rapidly cured by puncture. A narrow thin knife should be thrust into the centre of the gland and withdrawn, and the part then covered with a piece of cotton-wool; the pain and swelling at once and quickly subside."

### *Pathology and Operative Treatment of Hip Disease.*

The numbers of the *Edinburgh Medical Journal* for January and February last contain an interesting paper on this subject by Mr. Thomas Annandale, Surgeon to the Royal Infirmary. He thus summarizes his views regarding the pathology and operative treatment of this affection:

1. That although hip disease may commence in the synovial membrane or pelvic bone, it originates most frequently in the head of the femur.
2. That the early, sure, and safe detection of the exact condition of a diseased hip or other joint, when symptoms of suppuration are present or are doubtful, by means of an antiseptic exploratory incision, is a valuable improvement and aid in the treatment of joint affections.
3. That the early excision of the head of the femur, when diseased, is the treatment most likely to check the progress of hip disease, and to cause the patient's recovery, with a movable and useful limb.
4. That, therefore, when signs of suppuration exist in connection with

hip disease, an exploratory incision should be made, and the condition of the joint determined.

5. That if the articular surfaces are found to be unaffected, means should be used to favor the free escape of pus or other fluid from the joint, and care taken to keep the articulation perfectly at rest.

6. That if the articular cartilage of the head of the femur is found to be destroyed, and the disease is limited to this portion of bone, excision should be at once performed by sawing through its neck.

7. That if the disease affects more than the head of the femur, this portion of bone, together with the neck and great trochanter, should be excised; and any diseased portion of the acetabulum also taken away.

8. That in all operations on the hip or other joints, antiseptic precautions should be carefully employed during the operation, and until the wound is healed, as this treatment is the most certain known means of lessening the mortality.

---

### *Trephining the Sclerotic in Glaucoma.*

Dr. Argyll Robertson, in a paper read before the Medico-Chirurgical Society of Edinburgh (Jan. 5), stated that ophthalmic surgeons at the present day generally agreed in attributing the symptoms present in most cases of glaucoma to an increase in the intra-ocular pressure. All measures, therefore, that have been advocated as serviceable in glaucoma have for their object a reduction of the increased intra-ocular tension. The chief of these were—paracentesis of the cornea, division of the ciliary muscle or intra-ocular myotomy, and iridectomy.

Paracentesis of the cornea, while undoubtedly capable of alleviating the symptoms, produced only temporary benefit. Division of the ciliary muscle, or intra-ocular myotomy, had fallen much into disuse, partly, he believed, owing to the temporary character of the benefit following it, and partly from the liability of all wounds in the ciliary region to be followed by chronic insidious inflammation leading to loss of vision, and even to sympathetic affection of the other eye. Iridectomy was the prevailing remedy for all glaucomatous affections. While this operation, he willingly admitted, effected brilliant results in many cases, reducing permanently the intra-ocular pressure, and saving sight, there were exceptional cases, in which the removal of a portion of iris could not be satisfactorily effected, and others in which the operation failed to afford relief. Dr. Robertson was thus led to devise an operation which might prove serviceable in such cases. The operation consisted in trephining the sclerotic, thus making a circular aperture into the chamber of the vitreous humor about one-twelfth of an inch in diameter. The escape of some of the contents of the eye at once served to reduce the tension, while the author believed that this effect was probably permanent, as the circular opening in the sclerotic must be filled up by new tissue having less resisting power than the original membrane, and would thus readily yield to pressure from within, acting the part of a safety-valve, should at any future time the contents of the vitreous chamber be increased in amount.

Four cases had been subjected to the operation, and in all the trephining had been effected by means of Mr. Bowman's cornea trephine, but this

instrument did not penetrate the tough sclerotic so readily as might be desired, and did not give a firm hold to the fingers in the rotatory movements necessary for trephining; so Dr. Robertson had got an instrument constructed to obviate these disadvantages, which he exhibited to the Society. In all the cases, the aperture was made through the upper part of the sclerotic, as the eye during the trephining could be pressed against the unyielding inferior orbital plate; the point chosen was about two lines from the margin of the cornea, corresponding to the junction of the ciliary processes with the choroid. The four cases were given in detail.

In commenting on these cases, Dr. Robertson said that the result in the first case exceeded his expectations, as, in addition to the subsidence of the staphyloma, the tension, which was previously excessive, remained permanently diminished, and vision was slightly improved. The sympathetic irritation of the other eye, which eventually induced him to enucleate the trephined eye, he attributed to the diseased state of the eye, and not to the trephining.

In the second case, where the increased tension was due to an intra-ocular growth, and where iridectomy failed to afford relief, the trephining was of decided benefit, ridding the patient of pain and diminishing the intra-ocular pressure, which the author considered irresistible proof of the efficacy of the operation.

In the third case, the operation effected all that was desired—causing diminished tension and relieving pain.

In the fourth case, he considered that the trephining in the one eye had been relatively quite as successful in its results as the iridectomy in the other.

As the result of his experience, Dr. Robertson expressed his conviction that, in this operation, we possess an effectual means of reducing increased intra-ocular tension, and that in most cases it will be found effectual in preventing a return of increased tension, or at any rate in warding off the evil consequences of that condition.—*Edinburgh Medical Journal*.

### ***Mumps: Its Relation to the Eruptive Fevers.* COLIN.**

From the comparison instituted it is evident that: (a) mumps and the exanthematous fevers have the same mode of transmissibility; (b) immunity conferred by a first attack; (c) no sporadicity; (d) frequency among children and soldiers; (e) slow and successive spread among various classes of people, when the element of time can not contribute an appreciable influence—the disease seeming to lose its power in one situation before its extension to another; (f) but the point of contact between mumps and the eruptive fevers seems to be the simultaneity of the epidemics of the two—among the last named, especially measles, which seems to precede or accompany mumps.

There seems to be likewise a species of affinity between these disorders, so far as regards the conditions which produce the "medical constitutions" in each.

A clinical resemblance may be discovered in the period of incubation and invasion, in the febrile movement, and the secondary fever which

ushers in metastatic orchitis. It is true, however, that in adults the affection may be initiated by a period of calm, which does not recall the febrile movement in the pyrexias, and also that the involvement of the testicle, primary or secondary, may be so sudden and unexpected as to suggest traumatism or a venereal affection. There are other cases in which the general symptoms are severe; typhoid symptoms, convulsions with a fatal termination, intense articular pains, an exanthema or enanthema of variable degree, anasarca, with albuminuria. Colin cites cases where the latter complication has been noted, and where the metastasis has been to the kidneys instead of the testes. One fatal case suffered from orchitis, acute albuminuria and uræmia.—*La France Med.*

---

***Treatment of Rheumatism by Salicylic Acid.*** By DR. BROADBENT.

The results of the treatment of rheumatic fever by salicylic acid in the practice of Stricker, of Berlin, were so remarkable that the earliest opportunity was taken of bringing the drug to the test of experience. The mode of administration recommended by Stricker is that twenty to thirty grains be given every hour for six doses, but at the first trial at St. Mary's only seven grains and a half were given at each of the six hours, simply suspended in water. No bad effects being observed, the dose was increased. It was impossible not to be astonished with the effects, and notwithstanding the many disillusionings experience in medicine brings, not a few of which have been furnished by acute rheumatism, I should not do justice to my conviction were I not to say that apparently we have in salicylic acid, as Dr. MacLagan has said in his communication, a remedy for rheumatic fever comparable to quinine as a remedy for ague. According to present experience rheumatic fever when treated by this drug is an affair of two or three days. The disease is common enough, and its usual course sufficiently well known, so that no long time will be required to establish some definite conclusion, and to bring out any possible injurious effects. The only complaint hitherto made of the acid is that it is hot and irritating to the throat; given in milk, vomiting has been produced.

Careful examination of the effects on the pulse, temperature, urine, etc., will no doubt yield important information. Mr. Sworder, who has watched the cases very closely, states that the temperature invariably rises for a short time after the administration of the first dose, but the observations recorded in the careful notes taken at short intervals by him and Mr. Gawith show a gradual fall both of temperature and pulse rate. No sphygmographic observations were made. Relief from pain was always quickly obtained, and, as a rule, the patients slept well, no opiate being required; as a rule, again, there was very free perspiration, but this of course is common in acute rheumatism.—*Lancet.*

---

***The Mosaic Sanitary Code.***

Dr. B. W. Richardson delivered a lecture on "The Mosaic Sanitary Code and its Influence on the Vitality of the Jewish Race," to Jewish working men and their families, in the Jews' Infant School, Commercial

Street, London. The lecturer remarked that, many years ago, while engaged in an investigation into the cause and nature of the cholera epidemic, a statement was made that no Jew had died from cholera. The statement, though not strictly correct, was yet so near the truth that it struck his attention and that of others who were engaged in sanitary work. This, he said, led him to the study of the subject of the vitality of the Jews, and the result of his research had shown that, both on the Continent and in this country, Jews possessed a higher vitality than did the general community by whom they were surrounded. Tracing the causes for this greater longevity, the lecturer said he could not attach too much importance to the sanitary laws that obtained amongst the Jews, instancing those in regard to diet, cleanliness, and abstinence from strong drink. In fact, the Decalogue from beginning to end was one sanitary lesson, teaching them to subdue the passions which tormented the brain and distressed the spirit.—*The Medical News*.

---

#### *Hyoscyamin in Chorea.*

Dr. Oulmont has been very successful in five cases of chorea, treated by him with hyoscyamin in his wards of the Hotel Dieu. In one case the patient was two months pregnant. Various drugs had failed, and notably bromide of potassium in doses of three drachms daily. Hyoscyamin was given in gradually increasing doses of from two to eight milligrammes daily. Amelioration was soon evident, and the case speedily got well.—*Lancet*.

---

#### *Prof. Sayre's Plaster of Paris Jacket for Angular Curvature of the Spine.*

The great feature of the Section of Surgery and Anatomy of the American Medical Association, at its last meeting, was Prof. L. A. Sayre's demonstration of his new method of treating Pott's disease of the spine. On the first day of the meeting he read a paper on the subject, exhibited his apparatus for suspending the patient and making the application, and presented several cases which he had treated by this method. He showed how easy it would be for physicians to treat such cases; that there was no necessity for waiting to send them to a specialist, and thus losing valuable time. He said that if treated in its early stages, there was no necessity for deformity being the result of this much dreaded disease. The constitutional treatment recommended was, the most nourishing diet, beef-steak, mutton chops, roast beef; relieve indigestion, if necessary, and give plenty of fresh air. Dr. Sayre's ideas respecting the relation of scrofula to this disease, as well as to morbus coxarius, have been misunderstood, and he took occasion to correct the misapprehension. He thinks that both these diseases, of the hip-joint and angular curvature, *always* have a traumatic origin, but that strumous children are more easily injured, or that a slight injury is more apt to be followed by the development of disease in them than in children unaffected with the strumous diathesis.

On the third day of the meeting, Dr. S. made a practical application of the dressing before the Section:

First, a measurement of the spine is taken by a piece of flexible zinc, which accommodates itself to any curve, which is marked on paper. The child is then suspended so that his feet are free from the ground, the zinc is then reapplied, and the change in the curve, caused by the suspension, is noted. A flannel bandage is first soaked in water and then applied to the child's body, while he is suspended as above, beginning at the waist, at the smallest part, winding it around snug and smooth, completely encasing the body from pelvis to thorax, strips of tin being inserted occasionally. The plaster is then applied, and as it begins to set let the patient lie down until it becomes thoroughly dry. Soft pads are placed over any bony projections before the bandage is applied. The next day the patient can go about as well as if he had no spinal disease whatever. After one or two months he may be again suspended and, if possible, the spine still further straightened. If applied sufficiently early no deformity will occur.

Prof. Sayre writes us that he is making use of the same plan of treatment for *lateral curvature* with the happiest results. We strongly advise our readers to try this new application for the affections named. If properly used we will guarantee that both physician and patient will realize a success to be obtained by no other means.—*St. Louis Clinical Record*.

---

#### *Effects of Artificial Suppression of the Perspiration on the Animal Organism.*

Dr. N. Sokoloff remarks, it is well known that when an animal is varnished over, so as to stop the perspiration, it speedily dies. The explanation of this occurrence, which obviously suggests itself, is, that some material, which is usually given off in the sweat, is retained and acts as a poison. This was Edenhuizen's theory, and he supposed that the deleterious substance was an amine base. Laschkewitsch, however, has recently stated that all is explicable on the theory of a vaso-motor paralysis, and consequent loss of heat by the animal. He believes that the vessels of the skin are widely dilated, and there is so much radiation of heat as to lower the temperature to a degree incompatible with life. The present author grants that there is a reduction in temperature before death, but finds no such dilation of the vessels of the skin. Besides, when the animal is kept warm, by being wrapped in cotton-wool, its temperature still falls, and death occurs, though more slowly. In his experiments, the author used dogs and rabbits, and generally varnished them with oil, as being less irritating than varnishes which become solid. He finds that both in partial and total varnishing, albumen soon appears in the urine, with epithelium and young cells. The appearance of albumen was always the first phenomenon, and occurred before any functional disturbance was visible. The facts seem to be that there is in the blood some poison which first attacks the kidneys, and produces inflammation there. The blood of an animal which has been treated in this way, when transfused into a healthy animal, produced temporary albuminuria. This is what we should expect, for the supposed poison is in the sound animal diluted by the existing blood, and is not, as in the varnished animal, being continually produced. If these views are correct, then we ought to hesitate

to adopt varnishing as a method of treatment in man. Senator has recommended it in order to reduce the temperature in fevers, but it does not seem to be so effective in men as in animals, and, if it is, then its effect on the kidneys is a serious drawback.—*Glasgow Medical Journal.*

***The Use of Liquor Bismuthi for Hemorrhoids and Prolapsus Ani.*** By Dr. JOHN OLELAND, F. R. S.

[It is evident that in a large number of cases of hemorrhoids operative interference is inevitable, but it is desirable to avoid so disagreeable a mode of treatment as much as possible. With this end he recommends the use of liquor bismuthi as an enema.]

My attention was first drawn to this remedy by a rather peculiar case of prolapsus of the bowel. A middle-aged woman came for consultation in such a condition that she could with difficulty walk, inasmuch as whenever she parted her thighs, the bowel emerged and hung down for about six inches, in folds of such a character as made it evident that at least half a yard of intestine was extruded. The whole surface of the mucous membrane exposed was a deep raspberry red, like those cases of hemorrhoids which some practitioners delight to treat with nitric acid. This condition was chronic; external supports had failed; the possibility of removal of the whole prolapsed mass suggested itself, but such an operation attended with enormous risk was not to be thought of in the case of a patient enjoying a certain measure of health. Astringents had been tried and failed, and it seemed questionable if astringents were the most suitable remedies in such a case. It seemed much more probable that an irritated and congested condition of the mucous membrane led to a derangement of the action of the muscular walls, than that in a strong woman, a local relaxation, involving sphincters and intestinal walls, had produced a prolapsus, which led to congested mucous membrane, from exposure. I recollected the relief frequently obtainable in cases of hemorrhoids, by application of white bismuth or oxide of zinc. In this case, however, ointment or powder obviously could not be effectually applied. But the liquor bismuthi in stomach affections has a soothing influence far superior to white bismuth. I therefore directed my patient to mix a dessert spoonful of liquor bismuthi, with half a wine glassful of starch, and after getting into bed and returning the bowel to its place, to introduce this enema and retain it. I was much pleased, a few weeks afterwards, by my patient calling to tell me that she was nearly well, and to ask if she might continue the remedy. This she was ordered to do; and I have every reason to believe that she has had no return of her malady. I have since frequently used the same remedy for the ordinary prolapsus in children, with invariable and rapid success.

In severe hemorrhoids there are usually three parts affected, the integument, the mucous membrane, and the hemorrhoidal veins. Plainly the veins cannot be reached by local medicaments, and those comparatively few cases in which they alone are involved must be treated in other ways. The integument, together with the edge of the mucous membrane up to the grasp of the sphincter, is within easy reach, and may be

treated in various ways according to circumstances. Thus, when the congestion is superficial and produces a catarrhal oozing, bathing with whisky or other alcoholic lotion, a small pad of dry cotton-wool firmly applied to soak up the moisture, and also zinc or bismuth in powder or ointment are all exceedingly useful; and when a congested surface within easy reach is accompanied with venous engorgement, tincture of iodine sometimes produces surprising effects, although in other instances it is too painful to be borne. But when the mucous membrane is considerably involved I know no application to compare with injection of liquor bismuthi, which has the advantage of being painless; and, as in the case of prolapsus narrated above, the improvement of the mucous membrane has a wonderful influence on both the veins and integument. In instances in which the necessity for surgical interference appeared indubitable, I have had the gratification of defrauding myself of the pleasure of operating, and of seeing the patient recover. This is the more gratifying, as the surgical treatment of hemorrhoids labours under the disadvantage, that, no matter what be the particular operation adopted, it never removes the predisposing cause of the malady.— *Practitioner*, Jan. 1876.

---

## EDITORIAL.

---

### *At Home.*

The last issue announced my arrival home in good time for the winter's work, and now after a month I am fairly in the traces, and having brought up some of the neglected work, am planning something for the future. Our readers will have noted my impressions of Europe, and will have felt gratified, probably, that comparisons were favorable to our own country. I do not think I am noted for "spread eagle-ism," and I hope I have been able to judge fairly what I have seen. Two conclusions I have reached beyond all peradventure:

1st. That across the water, physicians hold a higher position, and they hold it because they have a better general education and higher culture.

2d. That in practical medicine, our physicians are at least their equals, and I think their superiors.

I have not been able to see any advantage the student will have in pursuing his studies in Europe. The instruction is very much the same, the methods are the same, the teachers are no better, frequently not as good, and there are no extra facilities for instruction. But, on the contrary, there is a routine method of instruction, and a very great deference to authority. Medicine has its "red-tape" as well as other things.

The great advantage they have over us is *time*. The student expects to spend his four to seven years in the medical college, and he commences with a mind educated and trained to study. Give us the time and the preparatory education in our students, and we could make a very different showing.

This suggests the thought that we may do more and better than we have. All will concede that we need men, more men, better men, and that for men well instructed in Eclectic medicine there are situations in

all sections of this country, where success is certain. I believe I am safe in saying that no profession or industry offers as certain success as our system of medicine to well educated men. In every community there are young men who could be induced to study medicine and fill these places if the facts were clearly placed before them. We want good men, educated men—see if you can not aid in supplying this want.

Our neighbors have the advantage of us in that the student gives more time to medical study, and will spend twice or three or four times as much in the medical college. Can we not persuade our students to give more time to the study of medicine? Every one knows that knowledge is a physician's capital, and that in proportion to his capital will be success in life. We have long recognized the necessity of a longer and more thorough study, and have provided for this by a system of scholarships so that there will be no extra cost for it, except the cost of board.

The older I grow, and the more I see and learn of the practice of medicine, the more certain I am that we have the true doctrine, and that the practice of the future will be based upon it. The relationship between *disease expression* and *drug-action* is the essential study in therapeutics and "Specific Medication" has as true a basis, as it is possible for anything to have. There comes first, in the experience of physicians, a distrust of drugs, and the knowledge that the ordinary practice of medicine increases the mortality of disease. Then, there comes slowly but surely the knowledge that there are influences that modify the progress of disease, and lastly, that there are remedies which may be used with certainty.

In looking over the field in this country there are some things that have occurred during the year that are not pleasant to think of. Society meetings have not been well attended, and the proceedings have lacked interest. There have also been little and big troubles which were unpleasant. The National Society especially has made a bad record, in its meeting at Washington, and unless some of it is undone, it will lead to the failure of the Society. The admission of William Paine, of Philadelphia, to membership, is an outrage to our profession, and will not be tolerated by a large portion of our membership.

I note, also, that the Journal, and Dr. Scudder, come in for a large proportion of blame for these failures. But our readers will bear me out in saying that I have done my share in the past, both in organizing and in giving interest to Society meetings. And I hope if these organizations are to be continued, they will receive the support of the profession, without the necessity of continuous urging in the pages of the Journal.

But we have no time to quarrel or even discuss matters of minor interest. We have all a great work before us—the improvement of medical practice—and to this I propose that we give our attention. In the coming number of the Journal, and for the year to come, I will make a new study of the "Practice of Medicine," and endeavor to present the treatment of disease in such form that every one of our readers may see the relation between disease expression and drug action. In this work, as it progresses in the Journal, I hope to have the aid of our practitioners in furnishing facts, and giving suggestions.

*Acids as Remedies this Fall and Winter.*

The few cases that I have seen since my return, suggest the possibility that acids may be important remedies this year. In four cases of remittent fever, the usual treatment—including large doses of Quinine—had proven a failure, and in two of them marked typhoid symptoms were developed. The indications for the use of acids were marked, in the *deep red* tongue, and the administration of small doses of Muriatic Acid was followed by such decided and immediate improvement that no one could mistake the action of the remedy.

I simply wish to call attention to the fact that in certain seasons there is something common in all diseases, and it will have a distinct expression so that we may know it; and that certain remedies will have a large field of use. This is occasionally the case with acids and alkalies, the symptoms calling for each being distinctly marked. And yet in other years one will hardly find a case calling for either.

Dr. Hector has just given me a couple of cases in illustration of the specific use of acids and alkalies. In the first case, a young man had been sick for over two weeks with a remittent fever, which had become continued and showed marked typhoid symptoms. It had been *well* treated in the ordinary way, consulting physicians were called, and the verdict was—that the young man must die. The Doctor noticed the *deep red* coloration of the tongue, and concluded to try the muriatic acid, and from the first administration there was decided amendment and a good recovery.

The second was a case of purpura hemorrhagica, commencing with epistaxis, followed by the usual hemorrhagic spots on the surface, hemorrhage from the bowels, and finally irritation of the stomach and vomiting of blood. The tongue was broad and *pallid*, colorless, and the administration of salt water (common salt) checked the vomiting and the bleeding, and associated with small doses of Aconite, Ipecac, and Hamamelis, alternated, was followed by a good recovery.

These are among the facts—the certainties of medicine—which we do not want to forget. If, therefore, you find the indication for acids this season—the *deep red* tongue—give them as a part of a good treatment.

*Can Chronic Catarrh be Cured?*

This question is frequently asked, and many times the answer that comes is extremely unsatisfactory. Indeed, I think it is the common impression with the majority, that catarrh can not be cured, and many physicians will not undertake its treatment. I am willing to say that a large number of cases are curable, though there are some that medicine will not reach as yet.

I do not think that the reader is benefited much by saying that the general treatment "should be according to *general principles*." I do not think I was ever benefited by such instruction, though it was continually repeated when I was a student. It does better when we say, give those remedies indicated by special expressions of disease, as you would in any

other case. And yet this throws the physician on his own resources. The advice is excellent, the method of diagnosis is pointed out, and good results will be reached; and yet I will adopt the empirical plan, and offer special remedies for catarrh.

As an internal remedy nothing, so far as I know, equals the *Penthoran Sedoides*, as recommended last Spring and Winter. Standing next to it we will obtain the best results (probably) from the *euphorbia hypericifolia*, and the *hamamelis*. But without any internal remedy, if the patient enjoys good health otherwise, we may treat the disease with topical remedies alone.

I will propose but a single one:

R Salicylic acid, ʒss.

Borax, ʒss.

Distilled water, ʒviij.

Solve with gentle heat.

Use this with the air spray apparatus; that described by Dr. B. F. Chapman, in the March Journal, having served my purpose best. Of course I can not tell how large a percentage will be cured, but having effected permanent cures in a few, I hope it will reach a large number.

### *Uvedalia.*

In coming home and picking up the threads of practice in chronic disease, I get a knowledge of the action of some remedies prescribed in the Spring that may be of use to the readers of the Journal. Among these, our Arkansas remedy—*uvedalia*—may be first named. Just before leaving I prescribed it in two cases, very nearly alike, as regarded the condition of disease, but wholly unlike as regarded the cause. In both there was great enlargement of the spleen, which was dislocated and occupied the umbilical region. In both there was impaired appetite, feeble digestion, skin sallow and inactive, bowels constipated, and urinary secretion defective. In both the strength was so impaired that the patients could not work; and in both there was insomnia. In one case the disease of the spleen was the result of *ague*, and the patient then had chronic *ague*. In the other it was impossible to determine the cause, the patient had never had a chill.

The treatment was the same in both. Ointment of *uvedalia* was rubbed over the enlarged organ, indeed over a considerable part of the abdomen, and was toasted in with a warm smoothing iron, the surface being covered with flannel. Internally, the patients had:

R Tinct. nux vomica, gttss. xxx.

Tinct. *uvedalia*, ʒij.

Water and alcohol, aa. to Oj.

S. A teaspoonful three times a day.

*Result:* The enlargement has entirely disappeared. The various functions have been restored. Both have been able to do a respectable *Summer's* work; and the man with chronic *ague* has also lost this. I think cases of this kind are worth recording, because they are clear and explicit in their teaching.

Do not laugh at the old method of "toasting the medicine in" with a hot smoothing iron. "There are more things in heaven and earth, than are

be accounted for by your or my philosophy." If toasting will remove an enlarged spleen, let us toast—if not, why not?

Let us see, again, if we can get the indications for uvedalia. *Enlargement of an organ or part with enfeebled circulation and innervation.* This may be in part from fullness of blood-vessels, arterial and venous, and in part from exudation. The sensations are of fullness, weight, dragging, and when we apply the hand to or over the part, we have the sensation of atony—it is doughy and inelastic.

I note two other cases in illustration of the topical action of the remedy. The one a chronic irritation of the knee-joint, with slow enlargement and enfeeblement. The other, a similar condition of the ankle joint, the result of a sprain. In both, the condition was such as to excite alarm.

Prof. Freeman suggested that much benefit would be obtained from blistering, and in both cases the joint was blistered freely, with the effect of removing some of the tenderness. But in both, the joints were more enlarged and feebler. The peculiar atonic condition suggested the uvedalia, and it has been used with most favorable results.

I wish to note a habit the sick have of favoring the affected part. In the case of the sprained ankle, the lady had favored the leg in movement until she seemed likely to lose the use of it. When I called her attention to it, she found there was a marked difference in the size of the two legs, the affected one having lost one-fifth in the measurement of the thigh. For this quinine inunction, with frictions, was recommended to the entire limb, with excellent results.

I have called attention to a similar class of cases in children from the first to the fifth year. From some irritation the child commences to favor one limb, and presently it is not used nearly so much as the other, even though the irritation has passed away. The quinine inunction with friction and passive movement has given excellent results in these cases.

### *Epilepsy.*

Among the inquiries of the Summer, is one relating to the treatment of epilepsy. It is not profitable to go over the remedies that have been used, and have received the endorsement of the profession—for a time. There is a large list of these, and they are pretty uniformly failures.

If we could impress the fact upon physicians that the best time to treat epilepsy, with reference to a permanent cure, is at its commencement, we would do a great deal for these sufferers. There is a first cause which should be removed, and sometimes a structural lesion which may be cured. The treatment for this will vary in different cases.

Now comes the treatment for the peculiar impairment of spinal innervation which continues to repeat the epileptic convulsions at more or less regular intervals. In its intrinsic nature epilepsy is very nearly the same wherever we see it; and the epileptic convulsion has nearly or quite the same meaning as periodicity in fever. We have not yet a remedy as definite for the one as quinine is for the other, but I hope we may have it in the future.

I have named the fact several times that bromide of ammonium was the remedy to prevent the recurrence of convulsions in children. You have arrested the convulsions by the administration of Gelsemium, a preparation of Lobelia, or ether; but there is constant danger and fear of its recurrence. You now give bromide of ammonium with an assurance that the unpleasant symptoms will pass away, and there will be no further danger from convulsions. In my experience there is nothing more certain than this. The preparation for a child of two to four years old being:

R Bromide of ammonium, ʒi. to ʒij.

Water, ʒiv.

S. A teaspoonful every four hours.

Now I have used the bromide of ammonium with marked success in the treatment of epilepsy; the success being especially marked in recent cases, and most purely epileptic and without complication. Some of these cures have been really remarkable, and then, again, there have been cases in which the treatment was a failure. The treatment always requires time and more than usual care to avoid causes of irritation, but the results justify both.

My prescription is:

R Bromide of ammonium, ʒss to ʒj.

Water, ʒiv.

S. A teaspoonful four times a day.

The remedy is to be continued for months, possibly for two or three years. If the patient is dull, drowsy, and the pupils are dilated, or the eyes look dull and heavy, I would add tincture Belladonna, gtts x. to gtts xx.

This treatment, recollect, will not cure all epileptics, it may cure but a small percentage, but I am satisfied that it is the best we now know. Do not use bromide of potassium instead of the ammonium—the remedies are very different in their action. And, finally, I can not speak of the Ailanthus in this disease, as I have not tested it.

### *Suits for Malpractice.*

"We are all poor miserable sinners," and if there is any one thing physicians should be guarded in, it is that no word be spoken in criticism of a neighbor, that would prompt to a suit for malpractice. No man, no matter how thorough he may be in surgery, or how careful he may be in practice, but what is exposed to danger here. In "bone surgery" accidents will occur to the best surgeons. There is always an element of danger—of shortening, of some deformity, of partial loss of use. Sometimes it comes from carelessness on the part of patients and friends, sometimes from pure *cussedness* on their part; and sometimes from the nature of the injury, or from unavoidable disease. If we can get this through our heads, we will exercise great charity for our neighboring physicians, and will not allow ourselves to let prejudice of school, or professional pique, stimulate us to saying or doing unpleasant things.

Physicians do protect one another in these cases, and it is right that they should. You could not get me to swear away the reputation and money of a physician on any terms, no matter whether he be Old School, Homœopath, or Eclectic. If I can not swear in the doctor's favor, I will

find an excuse for not swearing. You may say this is wrong, but it is absolutely necessary for protection against the sharks, legal and otherwise, who are only too glad to get the physician's hard earnings.

These suits for malpractice are occurring all the time, and in the majority of cases without the slightest grounds. The Cincinnati Lancet, July number, reports one in our neighboring County of Butler, in which a Mr. Flannigan (a mighty bad name, bedad,) sues a Dr. Owsly for malpractice in the treatment of the leg. Prof. Howe was called, doubtless, on the supposition that being of a different school of medicine, he would swear away Dr. Owsly's reputation, and enable the lawyers and paddy to collect a good bill; but as the reader will see, they counted without their host. I will give the report of the Lancet, as it is instructive reading:

"Three years ago, one M. Flannigan was kicked by a horse, and suffered a fracture of both bones of the right leg, at the junction of the lower and middle third. The tibia being fractured quite obliquely, and with not less than one inch of shortening. Dr. J. B. Owsley was summoned, and on arrival placed the leg in a modified Neil's fracture box, and next morning applied extension and counter-extension, by means of adhesive strips. It was alleged, without denial, that at the end of five weeks the fragments of the fibula had united by bony union. At the end of nine weeks, the fracture of the tibia not being repaired, Dr. M. Haines, of Seven Mile, was called in consultation. Dr. H. swears that he found very little deformity at the seat of fracture, that on careful measurement he found no more than one-fourth of an inch of shortening, and that extensive motion of the knee-joint was possible, and was urged upon the patient. After two weeks' attendance, Drs. Owsley and Haines were discharged, and Drs. Brown, Forster, and Mallory, of Hamilton, were called to attend to the case. These worthy gentlemen were expected to do something for poor Flannigan. They were equal to the occasion. Dr. Mallory, who did not share the advanced surgical views of the other eminent experts, administered chloroform while they rode upon the leg, and directed four or five robust farmers how to exert themselves for the benefit of their neighbor and the reconstruction of his leg.

"Thirteen weeks after this convention, Flannigan was said to be cured. His leg was an inch too short. He had an enormous projection on his shin, to indicate the exact spot where the lower end of the upper fragment of the tibia had been. He had also a very serious ankylosis of the knee-joint and of the ankle-joint, to remind him of the intense inflammation produced by his muscular neighbors, under the guidance of Drs. Brown and Forster.

"In due time Dr. Owsley brought suit for his bill, and obtained a judgment. On this Flannigan sued Owsley for damages for alleged malpractice, and, on trial of this issue, in April, the jury disagreed. A second trial was obtained, and it is to the result of this trial we ask attention.

"The plaintiff alleges that Dr. Owsley was negligent in not 'setting' the leg at his first visit. But it was found that the fracture was adjusted at his first visit, while experts agreed that surgical rules did not imperatively require the adjustment before the eighth or ninth day. An attempt

to prove that there was no efficient extension and counter-extension of the limb, failed in the face of evidence, showing that the very common and well-approved method of extension, by adhesive strips, had been adopted, and with very good results, according to Dr. Haines' testimony.

"A special feature of this trial lies in the plaintiff's demand that Dr. Owsley shall pay him for all the valuable time lost, and for the money spent after Dr. O. was discharged! More than this, Dr. O. is expected to pay damages for ankylosis and deformity acquired at the hands of Drs. Brown and Forster, and the athletic gentlemen under their command.

"The plaintiff's case has been so conducted that Drs. Brown and Forster have virtually been put upon trial. They claim that they found Flannigan with a fibro-ligamentous union of the fragments of the tibia nine weeks after the fracture! We need not say that the whole profession of Hamilton denied that such a state of affairs could have existed at such a time, and this unanimous testimony was fully confirmed by Prof. W. W. Dawson and Dr. C. S. Muscroft, of this city. Every medical witness, at the last trial, expressed the opinion that, in the case of Flannigan, such a fracture could not have been expected to unite within nine weeks, and that Drs. Brown and Forster simply meddled with a fracture that was in process of repair. These gentlemen claim that by their manipulation they caused the absorption of a band of "ligament" and secured bony union in thirteen weeks—a statement which was most disrespectfully scouted by every medical witness. They claimed also that a mal-adjustment of the bones had greatly impaired the patient's health, and that *immediately* after the operation his health improved; this, also, was declared impossible by the medical witnesses.

"At the first trial of the case, they summoned Dr. A. J. Howe, Professor of Surgery in the Eclectic College in this city. Unfortunately for them, Dr. Howe swore in a very clear and positive manner, that, while he might have treated the case differently, yet he believed Dr. Owsley was at all times, clearly within sound surgical rules. For reasons, best known to themselves, the plaintiff's counsel did not call this witness at the second trial of the case. .

"Dr. Owsley claims that, at one stage of his treatment, his dressings were disturbed. After leaving the leg in a bandage with reversed turns, he would, at his next visit, find it in a plain bandage, such as an amateur surgeon, of the Flannigan school, would naturally apply. He justly claims that such interference relieves him from all responsibility.

"These are the main points of the case—a case so plain that, at the last trial, the defendant's counsel did not think it worth their time to make any argument at all. Yet, after some hours of privacy, the jury awarded three hundred dollars damages to the plaintiff—a verdict which also compels Dr. Owsley to pay the costs of two expensive trials. A motion for a new trial is pending."

---

#### ***Never Use Yellow for Clothing.***

It is a singular fact that in malarial regions, people are inclined to wear yellow, and that frequently the clothing and skin seem to be made of the same piece. If it was only a question of taste, it would be bad enough

or surely there is no color so unpleasant as the sickly or dirty yellow we see. But it is a matter of health as well of good looks. I will not say that it is absolutely impossible that sufferers from malarial, or other diseases, can not get well, whilst wearing yellow, yet I do not believe they can be radically cured.

Many years since I had a patient—a river man—who was inordinately fond of yellow. He wore yellow flannel, yellow jeans or corduroy, and a yellow straw hat, in the Summer, and when South, he continuously had the "yellows." For catching the "shakes," he beat all the persons I have ever known, and though his ague could be broken with quinine, it would come back. He was radically cured by wearing red flannel, and clothing in which red was one of the colors—reddish-brown.

I tried the same prescription on an Indiana patient—a woman who had suffered for years from every form of malarial disease, to which was added almost all the ills that female flesh was heir to. She wore yellow calico, a yellow sun bonnet, the window shades were yellow, yellow predominated in the house, and as no pains were taken to have grass about the house, even the ground was yellow. It was the most singular place that it was ever my fortune to find myself in. In addition to my simple medication, she was dressed in pinks and reds, and in so far as could be, the color of her surroundings was changed. Whether or not this was the cause, she made a good recovery.

Even changing the lining of a Summer hat, may be the difference between good and ill health. You do not believe it? Try it yourselves and see. I called attention to the importance of a study of color as a cause of disease, and as a means of recovery, some two or three years ago, and I would advise those who have them to look the articles over.

---

### Office Pharmacy.

Now is the time to think about gathering a few of the indigenous medicines of your neighborhood, and preparing them for use during the year. I have often stated, that I believed the first step towards good remedies was, that the physician should know them by their physical properties, and should have learned to value a good remedy in practice. This knowledge of the physical properties of a *good* preparation, he can learn better by making it than in any other way, and having made it he will learn the difference in action of the *good* and the ordinary material sold by druggists.

Do not understand me to say that druggists prepare no good medicines. You can get them if you know where to apply, and what you want, but eight-tenths of all fluid extracts sold in the market are imperfect or worthless.

What we want is fluid remedies carefully prepared from *fresh* articles, gathered at the proper seasons of the year, in right localities. We do *not* want fluids prepared from stock procured from all "poor root and yerbers," of every state of goodness, and kept in stock from year to year, like so much hay. It may be a little more trouble to get good material, and require a little more capital to carry the year's stock in fluid form, but we are willing and able to pay for it.

Think of the remedies you would like to prepare, and that grow in your neighborhood. Turn to King's Dispensatory and note the time when they should be gathered. Now, as the Summer and Fall passes, get such herbs and roots as you want for experiment, when the plant has fully perfected itself.

If you choose, you can make your tincture at once; or you may carefully dry the articles until a portion of the water has evaporated, and then make the tincture. The first step in the process, is to break and pound up the material until it is as fine as you can get it. Pack it in a percolator, and pour on alcohol (use it strong) until the mass is moistened through, now cork the percolator, cover it, and let it stand for twenty-four hours. Now remove the cork and let it run, adding alcohol from time to time, until the fluid measures one pint for each eight ounces of drug used.

This medicine is good. You will have no doubts about it, and will take pleasure in testing it, and in watching its action. You will not only learn what a good medicine is, but you will find a greater pleasure in practice, and by the close observation that follows, you will learn to use remedies with greater advantage.

P. S. The above article was prepared last Spring, but omitted at the proper time. But it is not yet too late for some things—especially for roots and barks. *Phytolacca* is in its prime, *Macrotys* can be procured, as well as its relatives, Blue Cohosh and *Actea*. Look them up at once and try two or three of them, and then be ready for the Spring.

### *Homœopathic Credulity.*

It did seem for a time that our Homœopathic neighbors were losing some of the absurdities that had cumbered their medical literature, and that they were inclined to believe that two and two make four in medicine as well as elsewhere. They could hardly be brought up to the point to say "that a dilution of *pulsatilla* would not turn a child in shoulder presentation," yet the majority seemed disposed to give the "cold shoulder" to such statements. But in looking over my Journal files, I find there has been a lapse, and they now seem ready to believe anything.

In the report of the Hahneman Medical Society, of New York, I find a paper by a Dr. Skinner, of Liverpool, England, which contains some richness. The paper was upon "the all-sufficiency of constitutional treatment in the special diseases of women." The doctor reports a case, as a fair illustration of the subject:

"Mrs. W., aged 25, the mother of two children, the last born fifteen months before I saw her, from which time she has suffered from profuse yellow leucorrhœa, with violent pruritus vulvæ, worse at night. She has, at the same time, great bearing down of the womb; perfectly incapacitating her from standing or walking, or doing her household duties, such as ironing or washing. Add to these symptoms the most violent chronic headaches, of a throbbing and tensive character, and arising from the least worry or fatigue, with habitual constipation, and you have her picture. On examination, I found increased vascularity and hyperæsthesia of the vulva and vagina; the same state of the os uteri, and the usual flow of mucus characteristic of uterine catarrh."

*Treatment.*—Sulphur, one-millionth potency, (Boericke) in one dose of five pellets, cured permanently every symptom; constipation, leucorrhæa, and sensation of prolapsus included, and without repetition. "Permanently cured in seven days, with one dose."

And the members of the Society said "Amen," and all but the women present endorsed the views of the Englishman. The women had vaginas and uteri themselves and knew better.

If I had been present, I should have asked the author of the paper if he was not a blood relation of the celebrated Baron Munchausen, and I should have little hesitation in telling him that if his skill as a physician equalled his skill in drawing the long-bow, he must be a wonderful doctor.

How do I know he was *lying*? In this way, and it is very simple and plain. I have known Homœopathic physicians and practice for twenty years. I have seen their patients, and they have seen some of mine. I have known them as high dilutionists and low dilutionists, and in the twenty years I have yet to see one of these marvellous cures. I have seen them treat a case of this kind for months and even years without permanent benefit, and I have learned to discount all these fish stories.

### *Inflammation of the Bowels.*

I note the prevalence of a disease through the country that is diagnosed as "inflammation of the bowels," but which presents some unusual symptoms. Evidently the disease is symptomatic in character, and from its fatality, one of more than ordinary severity. Several deaths have occurred in and about Cincinnati, and others are reported in different sections. In some the inflammatory symptoms are active and the disease runs its course rapidly, but in others, it is slow, has the characteristic typhoid symptoms, and might be called "typhoid fever."

I have recently treated a case which may be taken as a type of the more active disease. Mrs. H., aged 36, was attacked on the night of Oct 7th, the first symptoms being those of extreme prostration, with coldness of the extremities and surface, nausea and vomiting, with pain in the abdomen. This continued for three hours and was followed by fever, the pain in the abdomen increasing, and intensified by efforts at vomiting; bowels moved once since commencement. On seeing her, found pulse 124, tongue contracted and red, face showing suffering, legs drawn up, abdomen so exquisitely tender that she could not bear the slightest pressure. The trunk was bent, the extremities cool. These are the symptoms given me as present in some other cases.

I gave small doses of Nux to relieve the nausea and vomiting, alternated with:

R Tinct. aconite, gtt. viij.  
Tinct. dioscorea, 3ss.  
Water, ℥iv.

S. A teaspoonful every hour.

All local applications to be avoided. Relief came slowly but certainly; by the end of the day the vomiting had ceased, and there was only occasional nausea. On the succeeding day, the patient was comparatively comfortable, so far as pain in the abdomen was concerned, and there was

not near so much tenderness; pulse 100, surface slightly moist. On the 10th the pulse was 90, she could move with comfort, bear slight pressure, the tongue was nearly natural in color, and she was taking some food. From this time convalescence was rapid. No change was made in the medicine from the first.

Now this may not have been a dying case, may not be the disease that others have had, yet it was certainly a severe case. I believe that if I had given the treatment some others have had, *mild* cathartics, mint waters, and aromatics, to quiet irritation of the stomach; narcotics for relief of the pain; fomentations, poultices, and at last blisters to the abdomen, with spiritus mindereri and sweet spirits of nitre, and some other things thrown in, I might have had a very severe case, and probably a funeral.

Make a note of the treatment—it is good. Make a note of the things avoided—they are bad.

---

#### *Wm. B. Warner & Co.*

We are not in the habit of noticing our advertisers in the pages of the Journal, and indeed they do not need it—"Good wine needs no bush." But visitors to the "Centennial" will have before them on first entering, a wonderful assortment of pills—seemingly enough to medicate America and the balance of mankind—and will notice that they are very nice—for pills. These are Warner's, they have received the medal, and we can say for them that we have found them not only good looking, but uniformly what they are represented to be.

---

#### *Specific Medicines.*

I had thought that there could be no mistake about my position with reference to these, but Mr. Lloyd's article shows that there is. It is *quality* not *quantity* that we look at, it is *virtue* not size of *dose*. To obtain the specific action of a medicine, we want the medicine, not something made out of an old and worthless drug that has been in stock for years. Vegetable medicines to be *specific* should be made out of recent or fresh roots, herbs, or barks, gathered at the proper season and in the proper locality. I believe that the simple tincture by percolation is the best form, and that the strength of eight ounces of crude material to the pint of tincture is the best strength. Any pharmacist can make a "specific medicine," as I understand it, who will take pains to get fresh and reliable crude material, and understands the simple process of percolation. It is *specific* because it contains the *virtues* of the indigenous article.

---

#### *The College.*

The Winter Session which is now progressing, will show quite as large a class as last Winter, possibly larger. The inducements to attend *new* colleges and *poor* colleges, by reduction of fees, and flattering promises, have not been a success. The intellectual poverty of these institutions has been too apparent, and free tuition would hardly draw a class.

It is probable that we lose a larger number of students yearly by the

mistaken statement—"you can attend a regular college and learn all but the practice, and that you can learn from Eclectic books." No greater mistake could be made, and the majority of these who, having Eclectic preceptors thus drift away, never return, or at best they make very poor and luke-warm Eclectics. Send your students to an Eclectic School, and choose for them the best.

Now is the time to think of the Spring Session, and we make the usual announcement to students—come in by the first of January, if you can, and make a five months' session without additional cost.

---

### *The Journal.*

We are drawing to the close of our Centennial year, and I want to return thanks to the larger number of our readers for their *prompt pay* these hard times. We still have some who will find bills on their Journals, and if they will kindly recollect the \$2.00, the next time they visit the Post Office, we will only be too happy to return our thanks to them.

For the coming year, we promise our readers a thorough review of the practice of medicine; making the effort to replace indirect with *specific* means. The series of articles will commence by an introductory in the December number. New subscribers will receive the last two numbers of this year without charge.

---

### BOOK NOTICES.

ENCYCLOPEDIA OF PURE MATERIA MEDICA. Edited by TIMOTHY F. ALLEN, A. M. M. D. New York, Boericke & Tafel. Vol. IV.

We have received the fourth volume of this exhaustive publication, and can only add to what we have said, that its editor seems to have no lack of material to complete the publication according to his first announcement. Indeed, it seems to me that his ability to catalogue symptoms increases with each succeeding volume. I note that our old remedy, Dioscorea, is credited with 1,540 symptoms, besides a hundred or more conditions. Notwithstanding its editor has thus accumulated what would seem to be all the provings, we notice that people talk of another work of similar character. Better be satisfied with this for the next half century, and devote the labor to the simplification of the Materia Medica, rather than to an accumulation of symptoms.

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL. By CARL SEILER, M. D., in conjunction with J. GIBBONS HUNT, M. D. and JOSEPH G. RICHARDSON, M. D. Philadelphia, J. H. Coates & Co. Published monthly at 60 cents a number.

I find on my table four numbers of this publication, which I regard as one of the most valuable of the year. Each number contains four plates, each containing a fac-simile of a micro-photograph illustration of histology and pathology, with brief descriptions in text. I do not see but that they are quite as good (many times better) than mounted specimens for the microscope, and certainly they are far cheaper and in more convenient form.

One may read a description of the minute structure of the body, and get a very faint idea of it. If he is able to see as well as read, the impressions are more decided and lasting. Histology is a very interesting study, and I hope the announcement of this publication may find quite a number of readers who will be interested in its continuance.

---

**THE ART AND SCIENCE OF SURGERY.** By A. J. HOWE, M. D.  
Professor of Surgery in the Eclectic Medical Institute. One vol. 800 pp. Price \$7.00.

The publication of this long-wished for work has so far advanced that we can announce it for Nov. 15th. A review of the work is not necessary in these pages, for portions of the work have been published from month to month, and the verdict of our readers has already been given. We have waited for a surgery for a long time. It was promised by Prof. Freeman for many years, and since by Prof. Howe for nearly a decade, and at last we have it, a work of ripe experience which will very certainly never lead the reader astray. It is no light task to do this work, and do it well, but we are satisfied that there will be but one verdict with regard to it—"well done."

---

#### *Physicians' Advertisements.*

It has been suggested that it would be a good thing for the more prominent of our physicians to put a card in the Journal giving their address. The reason urged is, that families changing their location, persons traveling, and those wishing advice and information, might be directed to physicians of the same practice. The difficulty in the way has been the cost of such advertisements in Journals having a sufficiently large circulation to make it an object. To accommodate those who think this a good thing, we propose to devote one or more pages, to short cards, as—"Dr. F. J. Locke, Newport, Ky."—for which the charge will be \$1.00, for the year. All that is necessary in this is the name and address. The sending of one new subscriber with a renewal of subscription, will entitle to a card free.

---

#### *The New Family Practice.*

The New Family Practice has had a large sale for hard times, and we propose that it shall have a still wider distribution. We repeat the offer of last year, "that we will send the Journal and three copies of the New Family Practice, by express, for \$10.00, or for \$11.00, we prepaying postage by mail. Or, we will furnish it at wholesale rates to any party ordering one-third of a dozen at a time. The retail price is \$5.00."

---

#### *Gleanings.* BY PROF. J. KING.

**FRECKLES.**—Take of finely powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts; mix well together by trituration. This has been found efficacious as a local application against freckles, and morph.—*Pharm. Zeit. für Russ.*

**IODOFORM CRAYONS.**—Take of finely powdered iodoform, ten parts; pulverized gum Arabic, one-half part; mucilage of pilular consistence, a sufficient quantity; mix well together, and divide into ten equal cylindrical sticks, an inch and a half in length. Keep them in darkened vials free from the action of light. These are used in superficial ulceration of the neck of the uterus.

**UROCHLORALIC ACID.**—According to the researches of MM. Musculus and de Mernie, the administration of chloral in the dose of four or five grammes per day, occasions a very marked acid reaction of the urine and a deviation of five or six degrees. Treated by various reagents, this urine yields an acid which they propose to name *urochloralic*, and with which they have formed salts. It presents itself in the form of stellated crystals, and is composed of chloral combined with an organic substance. Far from being eliminated in its natural state, or being decomposed in the organism, chloral, like benzoic acid, forms combination.—*Acad. des Sci.*

**CHOREA.**—M. Perroud, of Lyons, has obtained the good effects of ether pulverizations, observed by Dr. Lubelski. These sprays are made upon the whole length of the vertebral column with any spray apparatus, especially those of Richardson, and Marinier. Each sitting is of four to eight minutes duration. At the commencement of the treatment, three sittings are made daily, then they are gradually diminished to two. Ice produces the same effect. A piece of ice is carried along the vertebral column for five minutes, or bladders filled with ice may be applied according to the method of Dr. Chapman, of London. These two methods act by their revulsive refrigerant action upon the excito-motor point of the nerve centers.—*Bull de Ther.*

**DIGITALIS.**—The employment of this agent is contra-indicated in all cases of anemia, because, in directing its anemiant action upon the brain, it determines digitalism, that is, delirium and coma. In rheumatism, for instance, digitalism often assumes the form of cerebral rheumatism, according to M. Durosiez. Digitalis, administered in a case of acute tuberculosis with persistent hicough, was followed by meningitic symptoms and coma, which he attributes to this agent. He also believes that in several instances, moderate doses of digitalis have occasioned death. Whether these are rather suppositions than verified facts, the anemiant action of digitalis may very readily increase anemic delirium, while, on the contrary, it should diminish congestive delirium which sulphate of quinine exasperates. There is then reason for considering at least this distinction in the administration of digitalis.—*Soc. de Med. de Paris.*

**GANGRENE.**—Among the disinfectants, internal as well as external, eucalyptus has given to M. Buoquoy very excellent results, that have appeared to him to greatly surpass those obtained from any other medication. It has exerted a happy influence in five cases of cure of pulmonary gangrene. Even in those of fatal termination, it calmed the cough and diminished the fetid odor much better than phenic acid. With one patient having the pleuro-pneumonic form, the use of eucalyptus removed the gangrenous odor from the expectorated matters, caused the dyspnea and

cough to cease, but which re-appeared as soon as its use was suspended. Notwithstanding a slight pleurisy and signs of a limited and superficial gangrenous excavation, the patient was cured by the 60th day. Tincture of the fresh leaves of eucalyptus, in dose of two grammes in a simple mucilaginous draught, or to which syrup of poppies is added, was the form employed. When the depression of the forces was very marked, the preceding was alternated with Todd's draught to which from two to four grammes of extract of cinchona was added.—*Soc. Med des hopitaux.*

**COAL OIL.**—A pharmacist of Anvers has indicated that chloroform will extinguish the flame of coal oil on fire. One part of chloroform will at once extinguish fifty or sixty parts of coal oil in a blaze, when thrown upon it. Ammonia has been employed with success at Nantes, to extinguish fires produced by benzine, or paraffine.

**ADHESIVE GLUE.**—Intimately mix finely pulverized gum arabic with its weight of porphyzied calcined alum. To use it (only as required) mix it with a small quantity of water, and apply. This serves to glue wood, paper, porcelain, glass, and crockery.—*Yvon.*

**POWDER FOR MAKING INK DISAPPEAR.**—Take of alum, amber, sulphur, saltpetre, each, in fine powder, one part; mix. This forms an excellent mixture for the removal of ink-spots and writing on paper.—*Polvt. Notiz.*

**Notice.**—I desire to call the attention of physicians and friends to my new location (see Lloyd Brothers' advertisement this Journal) at which place I will be pleased to meet any one interested in drugs and medicines. I desire to continue my correspondence with the medical profession upon points of interest, especially with regard to new remedies and pure medicines; and I trust physicians and others will bear in mind that my Post Office address is now 35 & 37 W. Canal Street, Cincinnati, and will make it convenient to call at my place of business when in the city.

Respectfully,

J. U. LLOYD.

**For Sale.**—I will sell my practice in the village of Ferndale, Humboldt County, California, to some responsible physician who wishes to step at once into a good business, in a pleasant country, a rapidly growing town, with fine schools, and churches, etc. No competition. Also, in same place, a fine drug store, the only one in town. Correspondence solicited.

F. A. ALFORD, M. D., Ferndale, Humboldt Co., California.

#### RECEIPTS FOR JOURNAL TO OCTOBER 22.

O S Gregory 2.00, F J Ramer 2, T A Baker 2, J H Heath 2, Jas Evans 2, N W Eaton 2, H D Barber 2, Wallace Hendricks 1, A S Griffith 2, T A Caldwell 2, W D Matney 2, O H Cranford 2, L Tozer 1, J H Pardee 2, W C P Butman 2, J P Solias 2, M Van Congdon 1, H J Smason 2, Dr O P Long 2, C F Basford 2, W J Corbus 2, L S Mann 2, A B Woodward 2, J H White 2, R Rasee 1, R H Dunnington 2, J W Jones 2, W R Wallace 2, W H Roberts 2, O Tillotson 2, W W Smith 2, J M Edgar 2, Chas Beeson 2, W E Aldridge 50 cts, T S Brooks 2, G W Doyle 2, W H Raper 1, C A Eastman 1, Jno T Wright 2, O J Snaveley 2, P W Reed 2, A S Dibble 2, H Bubon 2, Jno Y Simpson 2, H O Carpenter 2, S Schiller 2, N E Broombangh 2, D M McDonald 2, W B Rigler 2, H L Wells 2, L B Boyer 2, Jno D Taylor 2, B Antrobus 2, F B Gardner 2, J S Martin 2, G E Hatch 2, W O Stone 2, W S Jaques 2, Rev R J Williams 2, J W W Bolton 2, S Denison 2, Geo B Wray 2, S A Flickenger 2, A L Sabien 1, J B Henion 2, J Harman 2, T A Perce 1, Thos Nichols 2, J F Gilbert 2, G R Fox 1, W R Anness 2, D C Palmer 1, A Conner 1, T A Caldwell 2.

# THE ECLECTIC

## Practice of Medicine

### For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

## MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

**Hard Wood Mantels, Doors,**

**Counters, Interior Wood Work,**

—AND—

## FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS OF BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI.

Send for Catalogue.

# Lloyd Brothers' Reliable Medicines,

Prepared at our Laboratory, 35 & 37 W. Canal St. Cincinnati.

We solicit physicians' orders. Our medicines are pure. We call attention to our list of Specific Medicines prepared from fresh plants gathered by ourselves, as directed by Prof. J. M. Scudder. We manufacture fluid and solid extracts, syrups, tinctures, ointments, and all pharmaceutical preparations. Order Lloyd Brothers' Pure Medicines from your druggist; if you can not, send your order direct to us.

## SPECIFIC MEDICINES (Made from fresh plants)

	PINT.		PINT.		PINT.
Apis Mel.....	\$3 00	Dioscorea Vil.....	2 00	Pulsatilla.....	2 75
Ailanthus.....	3 00	Euphorbia Hyp.....	3 00	Prunus Virginica.....	1 75
Agrimony.....	1 80	Eryngium.....	2 00	Ptelea.....	2 00
Amygdalis.....	1 50	Galium.....	3 00	Polymnia Uvedalis.....	3 00
Aletris Far.....	2 50	Gelsemium.....	3 00	Polygonum Hydro.....	3 00
Apocynum And.....	1 75	Hamamelis (distilled).....	80	Penthorum Sedoides.....	3 00
Aralia Hisp.....	1 75	Hydrangea.....	1 80	Rhus Tox.....	3 50
Asclepias Tub.....	2 00	Helonias Dioica.....	2 00	Rumex Crisp.....	1 75
Baptista Tinct.....	1 80	Hydrastis Can.....	2 00	Rheum Palmatum.....	5 00
Cannabis Sativa.....	5 00	Iris Versic.....	1 75	Senecio.....	1 75
Caulophyllum.....	1 75	Leptandra.....	3 00	Sambucus.....	1 75
Corydalis.....	2 25	Liatris Spicata.....	1 60	Stramonium.....	1 75
Cypripedium.....	1 75	Lobelia.....	3 00	Veratrum Viride.....	2 50
Cactus Grand.....	5 00	Macrotys Rac.....	3 00	Viburnum.....	1 80
Chionanthus.....	2 50	Phytolacca.....	1 75	Xanthoxylon.....	2 25

## FOREIGN.

All the narcotic herbs in this list were imported directly for us, and are prime.

Aconite.....	2 25	Coffee.....	2 00	Ipecac.....	5 80
Belladonna.....	2 25	Colocynth.....	2 00	Nux Vomica.....	2 00
Bryonia.....	3 00	Digitalis.....	2 25	Pulsatilla.....	2 75
Cannabis Ind.....	3 00	Drosera.....	3 00	Succa Pulmonaria.....	2 50
Colchicum Seed.....	1 80	Ergot.....	3 00	Staphysagria.....	3 00
Conium.....	1 80	Hyoscyamus.....	2 25	Senna.....	1 75

## MISCELLANEOUS.

Acid Hydrochloric Dil.....	75	Cuprum.....	2 00	Sulphite Soda.....	1 75
" Sulphurous.....	75	Carbo Veg.....	1 80	Podophyllin Triturated oz.....	25
" Carbolic.....	1 40	Grindelia Robusta.....	3 00	Hydrastis Sulphate per oz.....	3 50
" Salicylic (not made from carbolic acid) oz.....	75	" Squarrosa.....	3 00	" Phosphate.....	3 50
Boletus Lar.....	3 00	Phosphorus.....	1 80	Sanguinaria Nitrate.....	3 50
Cinnamon.....	2 25	Mayer's Ointment.....	75	Yerba Santa.....	25 50
		Stramonium.....	60		

Less than one pint at same rate; five cents additional for bottle. Specific directions on each label. General drugs, chemicals, etc., at lowest market price for pure articles. We will take pleasure in filling orders from physicians for small amounts. Address

LLOYD BROTHERS, 35 & 37 W. Canal Street, Cincinnati.

## DR. HOWE'S NEW WORK

—ON—

# THE PRACTICE OF SURGERY

Will be issued in November. Price \$7.

## THE AMERICAN DISPENSORY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

# REPRODUCTIVE ORGANS

AND

# THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SEPCIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1874.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

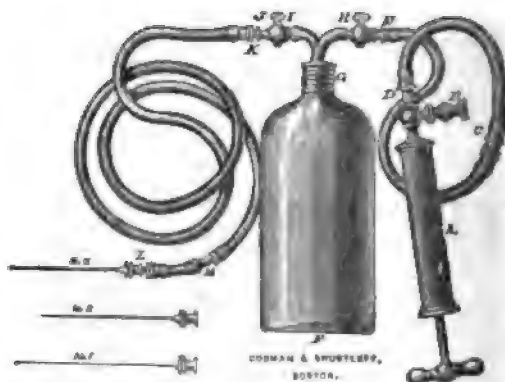


Fig 68.

## DESCRIPTION.

**A**, Brass Air Pump. **B**, **C**, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The Chamber, **C**, is reversed by turning it with the tube end for end. **D**, **E**, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, **H**, as required. **F**, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, **G**, making an air-tight joint by means of rubber packing. **I**, Fluid Cock. **K**, **L**, Metallic Couplings. **M**, short piece of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Petain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

### 3. The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

4. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.

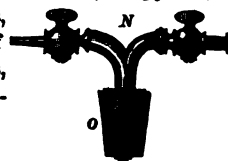


FIG. 69.  
The Stopper and  
Cocks supplied  
with Apparatus  
No. 2.

## PRICES OF APPARATUS.

- No. 1. Air Pump**—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... 18.00
- No. 2.** The same, without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16.00
- No. 3. Dieulafoy's Notched Aspirator**, Nickel-plated, with two Needles, tubes, etc., in case..... 14.00

- No. 4. Stomach Attachment**, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 8.00
- For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add..... 1.50
- Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each..... 2.00
- Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above..... 6.50

*The foregoing are the product of our own factory, and are warranted in every respect.*

**Dieulafoy on Pneumatic Aspiration**, post-paid, on receipt of... 3.00

## CODMAN & SHURTLEFF,

Makers and Importers of Surgical Instruments of every description.

13 and 15 TREMONT STREET, BOSTON.

Catalogues of Surgical Instruments on application.

N. B. See our other advertisement in alternate numbers of this Journal.

**H. H. HILL & CO.,**

WHOLESALE DEALERS IN

**Drugs, Liquors, Medicines,  
AND CHEMICALS,  
BARKS, HERBS, ROOTS, ETC.,**

**Manufacturers of Resinoids, Fluid and Solid Ex-  
tracts, Syrups, Tinctures, Ointments, etc.**

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest  
prices.

**S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.**

**FRESH VACCINE VIRUS Constantly on Hand.**

---

CHAS. C. REAKIRT.

SAM. J. HALE.

JOHN J. JUSTIS.

**REAKIRT, HALE & CO.**

WHOLESALE DEALERS IN

**Pure Medicines, Chemicals & Drugs  
And Liquors for Medicinal Purposes,  
99 WALNUT STREET,  
Cincinnati, O.**

WE HAVE NOW

**CASTILE SOAP MADE OF PURE OLIVE OIL,**

And will henceforth keep a supply constantly in stock

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

	PER LB.
Rhus Toxicodendron.....	\$2.00
Euphorbia Hypericifolia.....	1.25
Ailanthus Glandulosa.....	1.10
Macrotys Rac.....	1.25
Also, recently dried bark of Ailanthus G.....	1.00
Euphorbia Hyp. (herb).....	.75
Polymnia Uvedalia (root).....	.75

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

## MANUAL OF EYE SURGERY.

BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address **JOHN M. SCUDDER,**  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
N. W COR. COURT AND CUTTER STS.  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.

All articles furnished of the best quality, and no pains spared to give entire satisfaction.

Prices as low as those of other reliable houses.

---

## Fractures and Dislocations.

**BY A. J. HOWE, M. D.**

*Professor of Surgery in the Eclectic Medical Institute.*

**SECOND EDITION.**

Will be sent by mail free of postage, on receipt of the price, \$1.00.

Address

**JOHN M. SCUDDER,**

228 Court Street, CINCINNATI.

THE ATTENTION OF PHYSICIANS IS CALLED TO  
**THE FAMILIAR TREATISE ON MEDICINE**  
**FOR THE USE OF FAMILIES,**

**BY JOHN M. SCUDDER, M. D.**

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

~~~~~  
**CONTENTS VOL. 1.**

**INTRODUCTION.**—Origin of Medicine. Allopathic Medicine, Homoeopathy, Eclecticism, The Physician, The Practice of Medicine, Quackery.

**PART I.**—*Anatomy and Physiology.*—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion, The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tenuity, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.**—*Hygiene.*—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquor is a Cause of Disease.

**PART III.**—*Medicine for Family Use.*—Use of Medicines. Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Tonics, Stimulants, Alteratives, Astringents, Antispasmodics, Expectorants, Liniments, Ointments, Emollients, Family Medicine Chest, Dietetic Preparations.

**PART IV.**—*Management of Accidents and Injuries and Surgical Diseases.*—Directions for Restoring the Apparently Dead, Treatment to Restore Natural Breathing, Treatment after Breathing has been Restored, Appearances which generally indicate Death, Poisoning, Sun Stroke, Apoplexy, Concussion of the Brain, Bruises, Cuts, Burns, Dislocations, Fractures, Hernia—Rupture, Hemorrhoids—Files, Fistula in Ano, Chronic Disease of the Lungs, Tumors, Cancer, Carbuncle, Boils, Felon, Ulcers.

**PART V.**—*Diseases and their Treatment.*—General Disease, Fever, Febricula, Intermittent Fever—Ague, Congestive Chill, Remittent Fever—Bilious Fever, Yellow Fever, Common Continued Fever, Typhoid Fever, Eruptive Fevers, Small Pox, Variceloid, Vaccination, Chicken Pox, Measels, Scarlet Fever, Spotted Fever, Diptheria, Rheumatism, Chronic Rheumatism, Scrofula, Dropsy, Diseases of the Respiratory Organs, A Bad Cold, Quinsy, Croup, Chronic Laryngitis, Acute Bronchitis, Chronic Bronchitis, Inflammation of the Lungs, Asthma, Consumption, Prevention of Consumption, Physical Education of Children, Hemorrhage from the Lungs, Pleurisy, Whooping-cough, Diseases of the Heart, Diseases of the Digestive Organs, Derangements of Dentition, Toothache, Sore Mouth, Nurse's Sore Mouth, Dyspepsia, Diseases of the Liver, Jaundice, Diarrhoea, Cholera Morbus, Asiatic Cholera, Cholera Infantum, Colic, Dysentery—Flux, Worms, Diseases of the Urinary Organs, Inflammation of the Kidneys, Suppression of Urine, Retention of Urine, Diabetes, Bright's Disease of the Kidneys, Incontinence of Urine, Inflammation of the Bladder, Diseases of the Nervous System, Inflammation of the Brain, Spinal Meningitis, Epilepsy, Convulsions, Hydrophobia, Delirium Tremens, Neuralgia, Hypochondriasis, Headache.

**PART VI.**—*Notes on Nursing.*—Ventilation and Warming, Health of Houses, Petty management, Noise, Variety, Taking Food, What Food, Bed and Bedding, Light, Cleanliness of Rooms and Walls, Chattering Hopes and Advice, Personal Cleanliness, Observation of the Sick, Conclusion.

**CONTENTS VOL. 2.**

**INTRODUCTION.**—Female Organs of Generation, Pelvis, Menstruation, Conception, Prevention of Conception, Procreation of Male and Female Children at Will, Signs of Pregnancy, Diseases of Pregnancy, Abortion, Labor, Mechanism of Natural Labor, Management of Labor, Difficult Labor, Prematural Labor, Complicated Labor, Chloroform in Labor, Puerperal Fever, Phlegmasia Dolens.

**PART II.**—*Diseases of Women.*—Amenorrhoea, Dysmenorrhoea, Menorrhagia, Leucorrhoea, An Examination, Chlorosis, Hysteria, Chorea, Inflammation of the Ovaries, Ovarian Dropsy, Cancer of the Uterus, Displacement of the Uterus, Prolapsus Uteri, Anteversion of the Uterus, Retroversion of the Uterus, Polypus of the Uterus, Diseases of the Breasts, Care of the Breasts while Nursing, Ague in the Breasts, Inflammation of the Breasts, Tumors of the Breast, Cancer of the Breast.

**PART III.**—*Care and Management of Children.* The Infant before and immediately after Birth, Food of Children, Sleep, Clothing, Washing and Dressing, Ventilation, Exercise, Special Diseases of the Child, Fever, Affections of the Respiratory Apparatus, Diseases of the Digestive Organs, Affections of the Skin, Roseola, Erythema, Erysipelas, Deformities and Distortions during Childhood, The Infant's Opiate, Moral Government, Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO.,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
 CORNER OF COURT AND PLUM STREETS,  
 CINCINNATI, OHIO,

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Ferrous Oil, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Medical Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Powders, &c., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**  
 And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS.**

Just published by H. M. MERRELL, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on fine yellow paper at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. The books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND  
**Manufacturing Chemist,**  
 SOUTH-EAST CORNER SIXTH AND JOHN STREETS,  
 Cincinnati, Ohio.

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**  
**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and Sho Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures    Specialty.**

DO YOU WANT  
**VERY THOROUGH AND COMPLETE TREATISE**

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhœa,  
On Diseases of the Ear,  
On Diseases of the Eye,

THEN BUY

**King's Chronic Diseases.**

1600 PAGES PRICE \$15.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

**ROBERT CLARKE & CO.,**

**Publishers, Booksellers, Stationers**

**AND IMPORTERS.**

DEALERS IN

**Law, Medical, Theological, School and Miscellaneous Books.**

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

**No. 65 West Fourth Street,  
CINCINNATI, O.**

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE.**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cakes and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware—ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

**ELECTRO SILVER SMITHS,**

**54 Fountain Square, Cincinnati, O.**

---

**T H E**

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M. D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

# B. KEITH & CO.'S Pure Concentrated Medicines, CONCENTRATED TINCTURES, Etc.

Our powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

## CONCENTRATED TINCTURES,

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 8 ozs., and 1 lb.

## VACCINE VIRUS.

10 Ivory points, Cow-pox Virus, charged on both sides, ..... \$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

## Hand-Book of Practice, EMPLOYING CONCENTRATED MEDICINES.

By B. Keith, M. D.

Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

O. Box 1759.

41 Liberty St., N. Y.

# SPECIFIC DIAGNOSIS.

*Study of Disease with especial reference  
to the Administration of Remedies.*

BY JOHN M. SCUDDER, M. D.

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

Companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

JOHN M. SCUDDER, Cincinnati, Ohio.

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicine**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio

## M. AUTENRIETH,

Formerly 18 years with M. WOCHER,  
SUCCESSOR TO W. Z. REES,

77 West Sixth St.,

Nut and Vine, CINCINNATI.

Manufacturer of

## Surgical and Orthopaedical INSTRUMENTS,

Minimal Supporters, Trusses, Club Foot  
Shoes, Spinal Apparatus, etc.

Keeps constantly on hand a full variety of  
and Rubber Syringes, Stomach Pumps,  
Bags, Medicine Cases, etc.

ADJUSTMENTS FOR VARICOSE VEINS.

Special attention given to the fitting of Appa-  
ratus for Deformities.

(ESTABLISHED IN 1837.)

## J. WOCHER & SON,

MANUFACTURER OF

## Surgical, Dental & Orthopaedical INSTRUMENTS.

Calling the attention of physicians to our  
extensive and most complete assortment  
of instruments, we beg to state that we shall  
continue, with increased facilities, to add to  
stock any thing new and desirable which is  
recommended by authorities here and abroad,  
and satisfy all demands of the medical profession.  
All of our goods are kept strictly uniform  
with those of Eastern houses of good reputa-  
tion. All our instruments are warranted in  
respect.

### SPECIALTIES-

Apparatus of every description.  
Apparatus for the modern treatment of Club  
Foot, Bow Leg, Weak Ankle, Hip Joint, Spine,  
for all other deformities, made to order,  
with all the latest improvements.  
Surgical-Medical Apparatus of various kinds,  
for physicians' office use.  
As well as a large variety of the most improved  
Minimal Supporters, either elastic or with  
springs; Shoulder Braces, Elastic Stock-  
ings, Knee Caps, Suspensories, etc.

### AGENTS FOR

Drescher's Electro-Magnetic and Galvanic  
Batteries.

Rock's Uterine Supporters.

Dean & Shurtleff's Atomizers.

Wells & Kidders, Magneto-Electric Machine.

Wells' Improved Splints, which we sell either in  
full sets or by single piece.

On all above goods our price is the same as  
of the manufacturers.

605 WEST SIXTH STREET,

CINCINNATI.

Medical College Building.



## A. JACKSON HOWE, M.D.

OFFICE, N. E. COR. FOURTH & MAIN.

CINCINNATI, OHIO.

Dr. Howe will visit any part of the country,  
in consultation, or to perform Surgical opera-  
tions.

## JOHN KING, M.D.

## OCULIST AND AURIST

138 Ninth Street. Cincinnati.

Office Hours from 9 A. M. to 3 P. M.

Dr. King devotes his attention wholly to  
DISEASES OF THE EYE AND EAR, and  
all Chronic Diseases, as well as those peculiar  
to Females.

## WM. H. DAVIS, M. D.

Springfield, Illinois,

Will visit in consultation in any part of the  
State. Chronic Diseases treated, and Surgical  
Operations performed, at his Infirmary in  
Springfield.

## DR. J. M. SCUDDER,

228 COURT ST.

## EDWIN FREEMAN, M. D.

Office, corner Eighth and John sts.

CINCINNATI.

Special attention given to treatment of fis-  
tula, hemorrhoids, and other diseases of the  
rectum; stricture, and other diseases of the  
genito-urinary organs, deformities, etc. The  
Doctor will visit in consultation or for surgi-  
cal operations.

## PROF. Z. FREEMAN, M. D.

OFFICE, 280 WEST SIXTH STREET

CINCINNATI.

Special attention given to all kinds of  
chronic and surgical diseases and surgical  
operations.

SIXTH EDITION JUST ISSUED.

# SPECIFIC MEDICATION

AND

# SPECIFIC MEDICINES.

REVISED.

WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.

AND A

*Report of Cases Illustrating Specific Medication.*

BY

JOHN M. SCUDDER, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE CINCINNATI  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE ECLECTIC PRACTICE OF MEDICINE," "THE ECLECTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.

SIXTH ENLARGED EDITION.

---

CINCINNATI:

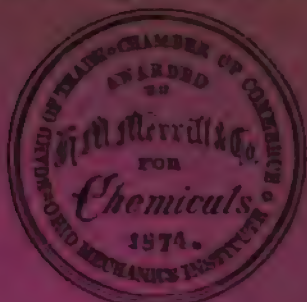
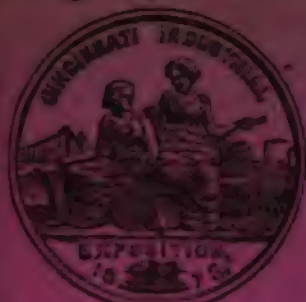
WILSTACH, BALDWIN & CO., PRINTERS.

1873.

SENT BY MAIL FOR \$2.50.

LITTLE BUT GOOD.

# Physicians' Head Quarters.



J. M. MERRELL.

ARNER THORP.

T. C. THORP.

## H. M. MERRELL & CO.

### Manufacturing Chemists and Pharmacutists,

CORNER COURT AND PLUM STREETS, CINCINNATI, O.

It would again return our thanks to the Profession for their liberal patronage during the past. We present ourselves with the following acknowledgments for a continued patronage.

We make and sell only pure Drugs, guaranteeing all we offer, and upon this platform stake our reputation.

We were one of the first houses in the country to introduce and prepare these valuable remedies peculiar to the Reformed Practice, and for twenty years have been identified as manufacturers.

We do the largest Physicians trade of any house in the Western Country, and by custom, extent and familiarity of business are best able to respond to every Physician's want.

We deal in nothing that is not reliable, and in our Fluid Extracts, Concentrated Tinctures and Specific Medicines; offer Preparations that are unequalled in purity, strength and reliability.

In addition to our manufactures we keep a complete assortment of all things wanted by Physicians of all schools, including Foreign and Indigenous Medicines, Shop Furniture, Glassware, Instruments, &c., all guaranteed to be of the most reliable quality.

Our Terms are Cash. The money can be sent with orders, or we will send goods by express, to be paid for at the express office on delivery.

## MEDICAL BOOKS.

We will supply any book ordered. We quote a few connected with the following:

|                                                                              |    |
|------------------------------------------------------------------------------|----|
| American Eclectic Dispensatory, by John King.....                            | 20 |
| Physio Medical Surgery, by Wm. H. Cook.....                                  | 20 |
| Lectures on Theory and Practice, by Alta Curtis.....                         | 20 |
| American Practice, abridged or family Physician, by W. Beach, reprinted..... | 20 |
| American Eclectic Obstetrics, by John King.....                              | 20 |
| Woman and their Diseases, by John King.....                                  | 20 |
| Diseases of Women, by John M. Scudder.....                                   | 20 |
| Handbook of Medical Practice, by W. H. Cook.....                             | 20 |
| Compend of American Practice, by S. H. Potter.....                           | 20 |
| King's Chronic Diseases.....                                                 | 20 |
| Principles of Medicine, by J. M. Scudder.....                                | 20 |
| Pronouncing Medical Lexicon, by C. H. Cleveland, in cloth.....               | 20 |
| Eclectic Practice of Medicine, by J. M. Scudder, M. D.....                   | 20 |
| Diseases of Children, by John M. Scudder.....                                | 20 |
| Young Struthocopia, by Bowditch.....                                         | 20 |
| Specific Medication, by John M. Scudder.....                                 | 20 |
| Specific Diagnosis, by John M. Scudder.....                                  | 20 |
| Scudder on Venereal.....                                                     | 20 |
| Dislocations and Fractures by A. J. Howe.....                                | 20 |
| Manual of Eye Surgery, by A. J. Howe.....                                    | 20 |

*Physicians' Pocket Medicine Cases.*

|                                                                                                                       |    |
|-----------------------------------------------------------------------------------------------------------------------|----|
| No. 1 Turkey Morocco, containing 12 three drachm and 24 one dr. vials.....                                            | 12 |
| No. 2 do do 18 do do 12 do.....                                                                                       | 12 |
| No. 3 do do 20 do do vials.....                                                                                       | 12 |
| No. 4 do do 22 two do do.....                                                                                         | 12 |
| No. 5 do do single row 12 three do do.....                                                                            | 12 |
| No. 6 do do containing 8 four do and 12 two dr. vials.....                                                            | 12 |
| No. 7 do do 24 two do.....                                                                                            | 12 |
| No. 8 do do box case 20 two do do.....                                                                                | 12 |
| No. 9 do do containing 24 three dr. vials and 14 two dr. vials.....                                                   | 12 |
| No. 10 do do 16 two dr. vials.....                                                                                    | 12 |
| No. 11 do do portmonnaie style, 16 1 1/2 drachm vials.....                                                            | 12 |
| No. 12 do do containing 12 four dr. vials, 14 two dr. vials and 12 one dr. vials.....                                 | 12 |
| No. 13 do do do 10 four dr. vials and 15 one and one-half dr. vials, when in the pocket the vials are all square..... | 12 |

*Physicians' Saddle Bags.*

|                                                                                                                      |    |
|----------------------------------------------------------------------------------------------------------------------|----|
| No. 1 Contains 10 three oz. and 18 one ounce vials, with slides.....                                                 | 12 |
| No. 2 do 8 do 14 do do do.....                                                                                       | 12 |
| No. 3 do 10 do 18 do do folding with flap for instruments and 12 three drachm vials.....                             | 12 |
| No. 4 do 42 one ounce vials.....                                                                                     | 12 |
| No. 5 do 10 three ounce and 12 1 1/2 ounce vials.....                                                                | 12 |
| No. 6 do 20 two ounce, glass stoppered bottles, with drawers and compartments in top for sundries.....               | 12 |
| No. 7 do 16 glass stoppered bottles, with drawers, and compartments in top for sundries.....                         | 12 |
| No. 8 Buggy Case contains 10 three ounce and 18 one ounce and 12 one-half ounce vials with flap for instruments..... | 12 |
| No. 9 do do 6 two ounce glass stoppered bottles and 10 one and one-half ounce and 12 three drachm vials.....         | 12 |

N. B.—A sheet containing about 100 labels for marking small vials, each case.

## Price List

—OF—

**H. M. MERRELL & CO.**

### Concentrated Powders.

| Concentrated Powders. |                      | Per oz. |
|-----------------------|----------------------|---------|
| Guaiacum              | from Tag Alder       | \$1 00  |
| Asclepiadine          | American Ivy         | 1 25    |
| Scopolin              | Dogsbane             | 1 70    |
| Scopolidin            | Pleurisy Root        | 1 80    |
| Atropin               | Wild Indigo          | 1 35    |
| Atropyllylin          | Blue Cohosh          | 90      |
| Atropine              | Cheke Cherry         | 1 40    |
| Atropin               | Balmoney             | 1 75    |
| Atropyllylin          | Pipissawa            | 1 75    |
| Atropynthin           | Colocynth            | 3 00    |
| Atropin               | Black Cohosh         | 75      |
| Atropin               | Dogwood              | 70      |
| Atropin               | Turkey Pea           | 3 00    |
| Atropin               | Ladies' Slipper      | 1 75    |
| Atropin               | Foxglove             | 1 75    |
| Atropin               | Wild Yam             | 1 75    |
| Atropin               | Corn snake-root      | 1 00    |
| Atropin               | Wahoo                | 1 75    |
| Atropin               | Boneset              | 1 00    |
| Atropin               | Eupator. Agertoides  | 1 25    |
| Atropin               | Queen of Meadow      | 1 70    |
| Atropin               | Yellow Jessamine     | 2 75    |
| Atropin               | Crane-bill           | 1 00    |
| Atropin               | Am. Columbo          | 1 25    |
| Atropin               | Am. Ipecac.          | 1 25    |
| Atropin               | Unicorn Root         | 2 50    |
| Atropin               | Mur.                 | 2 00    |
| Atropin               | Sulph.               | 3 50    |
| Atropin               | Principles Combined  | 1 80    |
| Atropin               | Phosphate            | 2 50    |
| Atropin               |                      | 1 55    |
| Atropin               | Henbane              | 3 50    |
| Atropin               | Blue Flag            | 1 00    |
| Atropin               | Jalap                | 3 00    |
| Atropin               | Butternut            | 90      |
| Atropin               | Lobelia              | 2 40    |
| Atropin               | Culver Root          | 70      |
| Atropin               | Yel. Parilla         | 1 75    |
| Atropin               | Bayberry             | 1 00    |
| Atropin               | Garget or Poke       | 1 25    |
| Atropin               | Aepen Poplar         | 1 20    |
| Atropin               | Wild Cherry          | 90      |
| Atropin               | Mandrake             | 70      |
| Atropin               | Wasser Ash           | 1 60    |
| Atropin               | Sunach               | 1 00    |
| Atropin               | Yellow Dock          | 1 25    |
| Atropin               | Bloodroot (alkaloid) | 1 40    |
| Atropin               | do (combined)        | 1 25    |
| Atropin               | Nitrate              | 2 00    |
| Atropin               | Sculleap             | 1 75    |
| Atropin               | Liferoot             | 1 60    |

|                                      | Per oz. |
|--------------------------------------|---------|
| Stillingia..... Stillingia.....      | 2 25    |
| Trillium..... Birthroot.....         | 1 25    |
| Vernatrine..... Amer. Hellebore..... | 2 25    |
| Verbenine..... Blue Vervine.....     | 1 25    |
| Viburnine..... High Cranberry.....   | 2 00    |
| Xanthoxylin..... Prickly Ash.....    | 1 50    |

Put up in ounce bottles, 12 ounce boxes  
and 1 pound bottles.

## GILM

| OILS.                  |  |        |
|------------------------|--|--------|
| Oil Lobelia.....       |  | \$0 75 |
| " Stillingia.....      |  | 80     |
| " Xanthoxylum.....     |  | 60     |
| " Capsicum.....        |  | 76     |
| " Ergot.....           |  | 30     |
| " Piper Niger.....     |  | 20     |
| " Erigeron Can.....    |  | 25     |
| " Erechtites Hier..... |  | 15     |
| " Male Fern.....       |  | 1      |

**OLEO BEANS.**

|              |       |    |    |
|--------------|-------|----|----|
| Asclepidin   | ..... | 50 | 50 |
| Apocynin     | ..... | 50 | 50 |
| Alcitrin     | ..... | 50 | 50 |
| Eupurpurin   | ..... | 50 | 50 |
| Iridin       | ..... | 50 | 50 |
| Litrin       | ..... | 50 | 50 |
| Rhusin       | ..... | 50 | 50 |
| Ptelein      | ..... | 50 | 50 |
| Xanthoxyllin | ..... | 50 | 50 |

The above form is a most excellent and reliable mode of use; but should always be triturated with Lactin or sugar or made into pill with soluble extract. In this manner they become more efficient and require less for a dose.

### Alcoholic and Common Extracts.

Our Extracts are Alcoholic and Common, they are made after the most approved processes, and up to the full standard in every particular.

They are put up in 1 pound jars, but will be sent in whatever amount desired.

| EXTRACT OF            | Alcoholic           |        | Gum.   |       |
|-----------------------|---------------------|--------|--------|-------|
|                       | ℥ lb                | ℥ lb.  | ℥ lb.  | ℥ lb. |
| Abaynthium.....       | Wormwood.....       | \$4 00 | \$2 50 |       |
| Achilles Mil.....     | Yarrow.....         | 2 75   | 2 00   |       |
| Aconitum.....         | Aconite.....        | 4 00   | 3 00   |       |
| Ambrosia Elat.....    | Ragweed.....        | 2 75   | 2 25   |       |
| Anthebis Nobilis..... | Chamomile.....      | 09     | 2 00   |       |
| Apocynum.....         | Bitter Root.....    | 3 75   | 2 00   |       |
| Aralia Rac.....       | Spikenard.....      | 3 50   | 1 50   |       |
| Arnica.....           | Arnica flowers..... | 3 00   | 1 50   |       |



|                                |      |
|--------------------------------|------|
| Amia.....Alder, Ipecac.....    | 1 40 |
| Amia.....Star Root.....        | 1 50 |
| Amia.....Hops.....             | 1 40 |
| Amia.....Golden Seal.....      | 1 50 |
| Amia.....Echinops.....         | 1 50 |
| Amia.....Blue Flag.....        | 1 40 |
| Amia.....Jalap root.....       | 1 50 |
| Amia.....Butternut.....        | 1 25 |
| Amia.....Laurel.....           | 1 40 |
| Amia.....Rattany.....          | 1 75 |
| Amia.....Lettuce.....          | 1 25 |
| Amia.....Motherwort.....       | 1 50 |
| Amia.....Culver.....           | 1 50 |
| Amia.....Button Snakeroot..... | 1 40 |
| Amia.....Yel. Pop.....         | 1 25 |
| Amia.....Go Herb.....          | 1 30 |
| Amia.....Seed.....             | 1 00 |
| Amia.....Bugle.....            | 1 50 |
| Amia.....Hearboud.....         | 1 25 |
| Amia.....Bayberry.....         | 1 25 |
| Amia.....Repens.....           | 1 00 |
| Amia.....Catnip.....           | 1 00 |
| Amia.....Vernonia.....         | 1 00 |
| Amia.....Tree Primrose.....    | 1 00 |
| Amia.....Uvedalia.....         | 1 25 |
| Amia.....Bearsfoot.....        | 1 40 |
| Amia.....Fench.....            | 1 25 |
| Amia.....Senega.....           | 1 25 |
| Amia.....Garget.....           | 1 40 |
| Amia.....Brava.....            | 1 50 |
| Amia.....Wild Cherry.....      | 1 25 |
| Amia.....Water Ash.....        | 1 00 |
| Amia.....Rhubarb.....          | 1 00 |
| Amia.....Aromatic.....         | 1 50 |
| Amia.....Yellow Dock.....      | 1 40 |
| Amia.....Comp.....             | 1 40 |
| Amia.....Blackberry.....       | 1 25 |
| Amia.....Blood Root.....       | 1 40 |
| Amia.....Savine Leaves.....    | 1 25 |
| Amia.....R. N.....             | 1 75 |
| Amia.....Comp.....             | 1 75 |
| Amia.....Scallap.....          | 1 40 |
| Amia.....Life root.....        | 1 40 |
| Amia.....Alum.....             | 1 50 |
| Amia.....Jalap.....            | 1 75 |
| Amia.....Le v. crumseed.....   | 1 75 |
| Amia.....Comp.....             | 1 00 |
| Amia.....Pink root.....        | 1 75 |
| Amia.....Comp.....             | 1 00 |
| Amia.....Comp.....             | 1 00 |
| Amia.....Squills.....          | 1 75 |
| Amia.....Comp.....             | 1 75 |
| Amia.....Skunk Cabbage.....    | 1 00 |
| Amia.....Rosa Weed.....        | 1 00 |
| Amia.....Dandelion.....        | 1 40 |
| Amia.....Birth root.....       | 1 50 |
| Amia.....Eucalypt.....         | 1 25 |
| Amia.....Vicide.....           | 1 25 |
| Amia.....Hast.....             | 1 50 |
| Amia.....Yervain.....          | 1 50 |
| Amia.....Red ced.....          | 1 50 |
| Amia.....Prickley Ash.....     | 1 75 |
| Amia.....Jum.....              | 1 75 |

## Concentrated Medicinal Syrups.

Our syrups are strictly official, of uniform strength, made of the best material, and by scientific apparatus. We also guarantee the class of preparations, and we warrant them to give satisfaction.

Medicinal Syrups may be improvised by following the directions given for our concentrated tinctures and Fluid Extracts.

|                                           | PER DOZ. | PER GAL. |
|-------------------------------------------|----------|----------|
| Alterative Syrup.....                     | \$3 00   | \$3 75   |
| Pulmonary Syrup.....                      | 3 00     | 4 00     |
| Scrofulous Syrup.....                     | 3 00     | 4 00     |
| Syrup Helianthus.....                     | 3 00     | 4 00     |
| Syrup Michelia Rep. Comp.....             | 3 00     | 4 00     |
| Simple Syrup Stilligia, pt. bot. per doz. | \$12 00  |          |
| do do per gallon.....                     | 6 00     |          |

The Simple Syrup Stilligia is one of the best and safest articles for all bronchial and throat affections.

Comp. Syrup Stilligia, pt. bot. per doz. \$9 00  
do do per gallon.....4 00

We also make an article, the strength of the formula of the Eclectic Dispensary, which we sell at \$3 50 per gallon, or \$3 00 per doz. pint bottles.

|                        | PER LB. | PER GAL. |
|------------------------|---------|----------|
| Syrup Iodide Iron..... | \$0 90  |          |
| " Squills.....         | 30      | \$4 00   |
| " comp.....            | 75      | 5 00     |
| " Ipecacuanha.....     | 75      | 5 00     |
| " Rhubarb, arom.....   | 75      | 5 00     |
| " Senega.....          | 75      | 5 00     |

Canden. Nutt. Cordial, per gal.....\$4 00  
" " par doz. pt. bot.....\$ 00

We use the best brandy and select Rhubarb, and make of full strength. It is the best regulator of the bowels of any article known to the profession.

Acetous Emetic, \$3 per doz., \$4 per gallon.

As a common emetic it is to be preferred to all others. For formula and use, see Eclectic Dispensary.

Restorative Wine Bitters, per bot.....\$1 00  
do do per doz.....5 00  
do do per gal.....4 00

Made after Beach's formula with good Malaga or Burgundy wine.

Compound Gin Bitters, per bot.....\$1 00  
do do per doz.....7 00  
do do per gal.....4 00

Made after Beach's formula for old Dr. Bono's Bitters, and is four times the strength directed by the original receipt.

## Dr. Thorp's Balsam of Life

It is now some fifteen years since Dr. Thorp first introduced this preparation to the profession, since which time it has been used by a large number of our best physicians for the cure of pulmonary affections; and from the great reputation it has gained, we confidently recommend it as one of the best remedies known for all cases of stubborn cough, where there is little or no expectoration; also for Asthma, Croup, Whooping-Cough, Bronchitis, and as a general expectorant. It is composed of Comp. Tinct. Myrrh, Anise, Sanguinaria, Lobelia, Sassafras, Squills, Peppermint, Balm Gilead, etc. Price per doz. \$7.00, per gallon \$6.00.

## Merrell's Blackberry Anodyne.

The formula for this celebrated article, got up by H. M. MERRELL, was given to the profession some six years ago, and many physicians after full trial, give it their unqualified approval. We invite the attention of the pro-







### PRICE LIST OF H. M. MERRELL & Co.

8

[illegible]

## FOREIGN DRUGS AND CHEMICALS

For the accommodation of many of our customers, we keep a full assortment of Foreign Medicines and Chemicals. The following list of prices, subject to the fluctuation of the market, will be found advantageous, by enabling the purchaser to make a proper selection.

[illegible]

|                                 |          |              |                                                 |                |              |
|---------------------------------|----------|--------------|-------------------------------------------------|----------------|--------------|
| Tartrate Soluble.....           | per oz.  | 20           | Oil RIA. Pepper.....                            | per oz.        | 10           |
| Sulphate perm.....              | per lb.  | 80           | Corn way.....                                   | per oz.        | 30           |
| Phosphate.....                  | do       | 80           | Chamomile.....                                  | per oz.        | 2 50         |
| Carbonate.....                  | per oz.  | 70           | Citronella.....                                 | per oz.        | 15           |
| Resin (Monsie).....             | do       | 50           | Copaiba.....                                    | per oz.        | 2 50         |
| Hyposulphite.....               | per lb.  | 1 40         | Thiodium.....                                   | per oz.        | 1 00         |
| Acetate.....                    | per oz.  | 30           | Rose.....                                       | dr.            | 1 00 to 2 00 |
| Syrup Iodide.....               | per lb.  | 75           | Sassa.....                                      | per lb.        | 25           |
| Iodide.....                     | per lb.  | 65           | Spice.....                                      | per lb.        | 30           |
| Lactate.....                    | do       | 55           | Tar, distilled.....                             | per lb.        | 30           |
| Per Nit. Solution.....          | per lb.  | 80           | Tobacco.....                                    | per oz.        | 2 50         |
| Per Chloride do.....            | do       | 75           | Wormwood.....                                   | per oz.        | 40           |
| Sulph. Eale.....                | do       | 30           | Ointment, Mercurial, half Mer.....              | per lb.        | 1 00         |
| Tannate.....                    | per oz.  | 50           | Ointment, Mercurial, third Mer.....             | per lb.        | 80           |
| Valerianate.....                | do       | 75           | " all others of U. S. Dispens.....              | per lb.        | 80           |
| Hyphosphite.....                | per lb.  | 1 40         | Oplum.....                                      | per oz.        | 50           |
| Lead Moss.....                  | per oz.  | 15           | " pulv. pure.....                               | per oz.        | 75           |
| do Moss.....                    | per lb.  | 20           | " Ellis. M-Munns.....                           | per doz.       | 4 00         |
| Orange Cooper's.....            | per lb.  | 1 50         | Orange peel, ground.....                        | per lb.        | 20           |
| " Am.....                       | do       | 2 50         | Orris root.....                                 | per lb.        | 30           |
| " Rhin.....                     | per oz.  | 50           | Pepsin, Haughton's.....                         | dry per oz.    | 75           |
| ".....                          | per lb.  | 1 20 to 1 75 | ".....                                          | liquid per oz. | 75           |
| Pine Tree.....                  | per lb.  | 40           | Pomegranate Peel.....                           | per lb.        | 75           |
| Sugar of pure.....              | per lb.  | 40           | Potassa, Liquor, U. S. F.....                   | per lb.        | 40           |
| Horseroot, select.....          | do       | 25           | " Arsenite, Fowler's Sol.....                   | per lb.        | 35           |
| " pulv.....                     | do       | 40           | " Citrate.....                                  | per lb.        | 1 00         |
| " Extract, Selly.....           | do       | 30           | " Sulphite.....                                 | per lb.        | 75           |
| ".....                          | do       | 00           | " Bisulph.....                                  | per lb.        | 1 00         |
| Wood, chipped.....              | do       | 5            | Piperine.....                                   | per oz.        | 1 00         |
| Extract by the box.....         | do       | 75           | Pepsin, Sheffer's.....                          | per oz.        | 80           |
| Mercurium.....                  | per oz.  | 1 00         | Potash, Caustic, white.....                     | per lb.        | 1 40         |
| Iodide.....                     | do       | 50           | " Acetate.....                                  | per lb.        | 75           |
| Nitrate Cryst.....              | per lb.  | 55           | " Carbonate Salts, Tart.....                    | per lb.        | 55           |
| Sub. Act. Solution.....         | lb.      | 50           | " Bi-Carbonate Crystals.....                    | per lb.        | 50           |
| Tannate.....                    | per oz.  | 50           | " Nitrate Saltpetre, ref. pure.....             | per lb.        | 30           |
| Carb. precip.....               | per lb.  | 30           | " Chloride.....                                 | per lb.        | 40           |
| Chloride.....                   | do       | 40           | " Sulphate, pulv.....                           | per lb.        | 25           |
| Phosphate.....                  | do       | 50           | Potash Chlor Chem. pure.....                    | per lb.        | 75           |
| Sulphite.....                   | do       | 30           | Potash, Bromide.....                            | per lb.        | 80           |
| Bisulph.....                    | per gal. | 35           | " Iodide.....                                   | per oz.        | 25           |
| Compound.....                   | per lb.  | 1 50         | " Permanganate.....                             | per oz.        | 25           |
| Carbonate.....                  | per lb.  | 09           | Powders, Sella.....                             | per oz.        | 3 00         |
| " Calced.....                   | per doz. | 1 25         | " Soda.....                                     | per doz.       | 2 50         |
| " Bushamite.....                | per doz. | 3 80         | Quasia, Rasped.....                             | per lb.        | 15           |
| " Deuto.....                    | per oz.  | 80           | Quinine Sul. Powers & Weightman's.....          | per oz.        | 1 00         |
| Iodide, proto.....              | per oz.  | 80           | " Valerianate.....                              | drachm         | 1 00         |
| " Am Chlor (whit. precip.)..... | per lb.  | 2 00         | Quinine, Cincho.....                            | do             | 1 00         |
| Small flake.....                | do       | 1 50         | Quinidia sulph.....                             | do             | 1 75         |
| Acetate, Muriate & Sulph.....   | per lb.  | 70           | Red Precipitate.....                            | per lb.        | 1 00         |
| Am Chlor (whit. precip.).....   | per lb.  | 1 00         | Rhubarb Root, India.....                        | per lb.        | 1 40         |
| Anise.....                      | per oz.  | 25           | " pulv. pure.....                               | per lb.        | 1 00         |
| Bergamot.....                   | per oz.  | 40           | Rhubarb, Turkey.....                            | per lb.        | 5 00         |
| Cedar.....                      | per lb.  | 80           | Rochella Salts.....                             | per lb.        | 80           |
| Cinnamon.....                   | per oz.  | 15           | " Salicine.....                                 | per oz.        | 60           |
| Cinnamon.....                   | per oz.  | 20           | Santonin.....                                   | per oz.        | 00           |
| Cloves.....                     | per oz.  | 35           | Scammony, Virgin.....                           | per oz.        | 1 25         |
| Cubeb.....                      | per oz.  | 20           | Seed, Anise.....                                | per lb.        | 40           |
| Custard, Eng.....               | per oz.  | 30           | Caraway.....                                    | per lb.        | 40           |
| Hemplock.....                   | per lb.  | 80           | Fennel.....                                     | per lb.        | 40           |
| Juniper.....                    | per lb.  | 1 00         | Fennel.....                                     | per lb.        | 25           |
| Lavender.....                   | per lb.  | 2 50         | " pulv.....                                     | per lb.        | 30           |
| Juniper Berries.....            | per lb.  | 3 00         | Cardamom.....                                   | per lb.        | 3 00         |
| Cardi-see.....                  | per gal. | 3 00         | Coriander.....                                  | per lb.        | 30           |
| Lemon.....                      | per oz.  | 40           | Silver, Nitrate, Crystals.....                  | per oz.        | 1 20         |
| Caryophyll. Com. 70. pure.....  | per lb.  | 1 50         | " Lunar Caustic pure.....                       | per oz.        | 1 00         |
| Perennial.....                  | per oz.  | 40           | Silver Nitrate, No. 1, 100 per a. v. l. per oz. | 1 00           |              |
| Peppermint.....                 | per lb.  | 2 50         | Soap, Castile.....                              | per lb.        | 10           |
| Rosemary.....                   | per lb.  | 2 50         | Soda, Carbonate, sal. soda.....                 | per lb.        | 80           |
| Sassafras, pure.....            | per lb.  | 1 00         | " Chlor. Sal. Labarques.....                    | per doz.       | 3 00         |
| Tar.....                        | per lb.  | 40           | Soda, Bicarb.....                               | per lb.        | 10           |
| Wintergreen.....                | per oz.  | 40           | " Sulphite.....                                 | per lb.        | 20           |
| Castile.....                    | per gal. | 1 00         | " Hyposulphite.....                             | per lb.        | 20           |
| Almonds sweet.....              | per lb.  | 70           | " Sulphate.....                                 | per lb.        | 5            |
| Oil Liver, pure, in pint.....   | per doz. | 7 00         | " Phosphate.....                                | per lb.        | 60           |
| Oil of sweet, common.....       | per gal. | 2 00         | " Bisulphite.....                               | per lb.        | 2 00         |
| Oil of sweet, large.....        | per doz. | 6 00         | Spermaceti.....                                 | per lb.        | 75           |
| Oil of sweet, small.....        | per doz. | 3 50         | Sponges, all kinds.....                         | 3 00 to 1 00   |              |
| Opuntia.....                    | per oz.  | 50           | Syringum, Crystals.....                         | drachm         | 50           |
| Parasol.....                    | per lb.  | 6 00         | Sugar, Milk, pulv.....                          | per lb.        | 25           |
| Parasol.....                    | per lb.  | 6 00         | Sulphur Rod.....                                | per lb.        | 15           |
| Parasol.....                    | per lb.  | 6 00         | " Sulfamed.....                                 | per lb.        | 15           |
| Parasol.....                    | per lb.  | 6 00         | " Viyom.....                                    | per lb.        | 15           |
| Parasol.....                    | per lb.  | 6 00         | " Presulfated.....                              | per lb.        | 75           |
| Parasol.....                    | per lb.  | 6 00         | Syrup Hypophosphites.....                       | per lb.        | 75           |
| Parasol.....                    | per lb.  | 6 00         | " Phosphates Com.....                           | per lb.        | 75           |
| Parasol.....                    | per lb.  | 6 00         | Tapioca.....                                    | per lb.        | 25           |



|                                      | EACH  |
|--------------------------------------|-------|
| Wares, Glass, half pint.....         | 75    |
| do do 8 ounce.....                   | 60    |
| do Iron, turned, 1/2 gal.....        | 1 75  |
| do do do 1 gal.....                  | 2 50  |
| Apothecaries', 8 oz.....             | 1 25  |
| do do 8 oz.....                      | 1 00  |
| do do standard.....                  | 6 50  |
| do do mov. pans.....                 | 7 00  |
| do do 3 to 12 inches per inch.....   | 8     |
| Machines, Brass, 24 pills.....       | 8 00  |
| do do 18 pills.....                  | 8 00  |
| Vites, plate and graduated.....      | 60 to |
| Screws, pocket.....                  | 25    |
| Lignum Vite handles.....             | 60    |
| Pressers.....                        | 75    |
| Microscopes, Wood.....               | 75    |
| do Hard Rubber.....                  | 1 25  |
| do Flexible Rubber ends.....         | 1 25  |
| do Camman's double.....              | 7 00  |
| Scalums, glass silvered vaginal..... | 75    |
| do do rectum.....                    | 75    |
| do do cat.....                       | 75    |
| do Record's, 4 blade vaginal.....    | 15 00 |
| do Duckbill vaginal.....             | 9 00  |
| do two blade, etc.....               | 2 50  |
| Masters, silver, male.....           | 1 00  |
| do do female.....                    | 75    |
| do do Combined.....                  | 1 75  |

## SURGICAL INSTRUMENT.

### AMPUTATING AND TREPHINING.

|                           |       |
|---------------------------|-------|
| do Mahogany Case.....     | 32 00 |
| Ferruled Instruments..... |       |

### AMPUTATING.

|                           |       |
|---------------------------|-------|
| do Mahogany Case.....     | 28 00 |
| Ferruled Instruments..... |       |
| do Capital Knife.....     | 4 50  |
| do Short Knife.....       | 3 00  |
| do Forceps, Liston's..... | 3 50  |
| do Capital Saw.....       | 4 50  |
| do Metacarpal Saw.....    | 9 00  |

### TREPHINING.

|                          |       |
|--------------------------|-------|
| do Mahogany Case.....    | 16 00 |
| do Trephine.....         | 3 50  |
| do Dr. J. L. Lister..... | 1 00  |
| do Saw.....              | 1 75  |
| do Scalpel.....          | 1 00  |

### EYE INSTRUMENTS.

|                                           |       |
|-------------------------------------------|-------|
| do with 9 Instruments, Ivory Handles..... | 14 00 |
| do Single Needle.....                     | 1 50  |
| do Strabismus Instruments.....            | 8 50  |
| do Single Knife.....                      | 1 50  |
| do Single Scissors.....                   | 1 75  |
| do Single Forceps.....                    | 1 25  |

### OBSTETRICAL INSTRUMENTS.

|                                          |       |
|------------------------------------------|-------|
| do Hedges, Meigs, or Davis' Forceps..... | 8 00  |
| do Plain Straight.....                   | 8 00  |
| do Traction.....                         | 2 50  |
| do Extractors.....                       | 3 25  |
| do Perineal Forceps.....                 | 3 50  |
| do Vent Hook and Crotchets.....          | 1 50  |
| do Obstetrical Case complete.....        | 30 00 |

### POCKET INSTRUMENTS.

|                                                              |       |
|--------------------------------------------------------------|-------|
| Compact Double Instruments, Prof. Gross.....                 | 32 00 |
| do Shell Handle.....                                         | 20 00 |
| do Coma do.....                                              | 16 00 |
| 4 Fold, with double Catheter.....                            | 15 00 |
| 4 Fold, with single Catheter.....                            | 14 00 |
| 3 Fold, with combined Catheter.....                          | 13 00 |
| 3 Fold, with single Catheter.....                            | 11 00 |
| 2 Fold, with single Catheter.....                            | 8 25  |
| 2 Fold, without Catheter.....                                | 7 50  |
| 4 Fold, with double Catheter, Portman-<br>main style.....    | 18 00 |
| 4 Fold, Double Instruments, Shell Handle,<br>Prof. Howe..... | 17 00 |
| 4 Fold, shell handle.....                                    | 18 00 |

### TOOTH FORCEPS.

|                |              |
|----------------|--------------|
| Fine.....      | 1 75 to 2 00 |
| Tooth Key..... | 2 00 to 2 50 |

### HYPODERMIC SYRINGES.

|                               |      |
|-------------------------------|------|
| Hard Rubber, 1 tube.....      | 2 00 |
| do 2 tubes.....               | 3 50 |
| Glass, 2 tubes.....           | 3 50 |
| Glass and Metal, 2 tubes..... | 4 00 |

### MISCELLANEOUS.

|                                         |              |
|-----------------------------------------|--------------|
| Dissecting Cases, full.....             | 6 00         |
| do do small.....                        | 5 50         |
| Single Scalpel.....                     | 1 00         |
| Single Forceps.....                     | 1 00         |
| Single History.....                     | 1 00         |
| Single Thumb Lancet.....                | 75           |
| Single Gum Lancet.....                  | 75           |
| Single Abscess Lancet.....              | 75           |
| Cupping Case.....                       | 6 00         |
| do do with saccharator.....             | 10 00        |
| Single Saccharator.....                 | 4 50 to 5 00 |
| Tongue Depressors, silver plated.....   | 5 50         |
| do do German Silver.....                | 1 00         |
| Palmer's Battery.....                   | 10 00        |
| Kidder's Battery, Electro Magnetic..... | 11 00        |
| Foster's Battery, double current.....   | 12 00        |
| Nasal Douche improved.....              | 1 50         |
| Trocar and Cannula.....                 | 1 75         |
| Fever Thermometer.....                  | 5 50         |
| Fever Thermometer Self Registering..... | 3 50         |
| Atomizers, Codman's and Shurtliff.....  | 8 00         |
| do Hand bulb.....                       | 8 00         |
| Dr. Merrell's Vaginal Irrigator.....    | 1 75         |

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

We are the Agents for Doctor  
**BROWN'S RENOVATOR**, an Instru-  
ment for the treatment of disease, by  
Acupuncture and Counter Irritation.  
Prices for full set, comprising Instru-  
ment, Book and Medicines \$12.00.

WE ARE THE AGENTS FOR  
WILLIAM R. WARNER & CO'S  
CELEBRATED  
Sugar-Coated Pills and Granules

[illegible]

## SPECIFIC MEDICINES.

|                                 | DRUG   | 4 OZ.  | 8 OZ. | 16 OZ. |
|---------------------------------|--------|--------|-------|--------|
| Acid, Hydrochloric, Dilute..... | \$ .80 | \$ .30 |       |        |
| " Sulphurous .....              | .80    | .30    |       |        |
| Aconite .....                   | 2.00   | .65    |       |        |
| Agrimonia .....                 | 1.50   | .50    |       |        |
| Ailanthus .....                 | 2.50   | .65    |       |        |
| Alnus .....                     | 1.50   | .50    |       |        |
| Amigdalis Prunica .....         | 1.50   | .50    |       |        |
| Apocynum Can. ....              | 1.80   | .50    |       |        |
| Aralia Hisp. ....               | 1.50   | .50    |       |        |
| Acid Carboic .....              | 1.40   | .40    |       |        |
| Aseleparus .....                | 1.50   | .50    |       |        |
| Apis .....                      | 3.00   | .80    |       |        |
| Balladonna .....                | 2.00   | .55    |       |        |
| Boletia Larcia .....            | 3.00   | .80    |       |        |
| Baptisia Tinct. ....            | 1.50   | .50    |       |        |
| Bryonia .....                   | 3.00   | .80    |       |        |
| Cactas Grandif. ....            | 5.00   | 1.50   |       |        |
| Cannabis Indica .....           | 3.00   | .80    |       |        |
| Canthophyllum .....             | 1.50   | .50    |       |        |
| Corydalis .....                 | 2.25   | .60    |       |        |
| Colechicum Seed .....           | 1.50   | .50    |       |        |
| Collinsonia .....               | 1.50   | .50    |       |        |
| Comuta .....                    | 1.50   | .50    |       |        |
| Cypripedium .....               | 2.00   | .55    |       |        |
| Coffea .....                    | 2.50   | .65    |       |        |
| Cinnamon .....                  | 2.25   | .60    |       |        |
| Colocyth. ....                  | 2.50   | .65    |       |        |
| Cuprum .....                    | 2.25   | .60    |       |        |
| Carbo-Veg .....                 | 2.00   | .55    |       |        |
| Chelidonium .....               | 2.50   | .65    |       |        |
| Chionanthus .....               | 2.25   | .60    |       |        |
| Digitalis .....                 | 2.00   | .55    |       |        |
| Drosera .....                   | 3.00   | .80    |       |        |
| Ergot .....                     | 3.00   | .80    |       |        |
| Epilobium .....                 | 1.50   | .50    |       |        |
| Eryngium .....                  | 1.50   | .50    |       |        |
| Eupatorium Purp. ....           | 1.50   | .50    |       |        |
| Eucalyptus .....                | 1.50   | .50    |       |        |
| Euphorbia Cor. ....             | 1.50   | .50    |       |        |
| Gelsemium .....                 | 3.00   | .80    |       |        |
| Galium Ap. ....                 | 1.50   | .50    |       |        |
| Grindelia Robusta .....         | 3.00   | .80    |       |        |
| Hamamelis .....                 | 1.00   | .30    |       |        |
| Helonias .....                  | 2.50   | .75    |       |        |
| Hepatica .....                  | 1.50   | .50    |       |        |
| Hydrastis .....                 | 2.00   | .60    |       |        |
| Hyoscinamus .....               | 2.25   | .65    |       |        |
| Hydrangea .....                 | 2.00   | .60    |       |        |
| Ipecacuanha .....               | 5.00   | 1.50   |       |        |
| Iris Versic. ....               | 1.50   | .50    |       |        |
| Jaculus .....                   | 1.50   | .50    |       |        |
| Kalmia .....                    | 1.50   | .50    |       |        |
| Leptandra .....                 | 2.00   | .60    |       |        |
| Labella .....                   | 2.25   | .65    |       |        |
| Macrotis Bar. ....              | 1.50   | .50    |       |        |
| Myrica Cer. ....                | 1.50   | .50    |       |        |
| Nux Vomica .....                | 1.50   | .50    |       |        |
| Panax Quinq. ....               | 2.25   | .65    |       |        |
| Phosphorus .....                | 1.75   | .50    |       |        |
| Phytolacca .....                | 1.50   | .50    |       |        |
| Pulsatilla .....                | 2.00   | .60    |       |        |
| Prunus .....                    | 1.50   | .50    |       |        |
| Ptelea .....                    | 2.00   | .60    |       |        |
| Polynonia Uvedalia .....        | 2.25   | .65    |       |        |
| Rhus Toxicodend. ....           | 2.00   | .60    |       |        |
| Rumex Crisp. ....               | 2.50   | .65    |       |        |
| Rheum .....                     | 2.00   | .60    |       |        |
| Stramonium .....                | 1.50   | .50    |       |        |
| Senecio .....                   | 1.00   | .30    |       |        |
| Sticta .....                    | .50    | .15    |       |        |
| Staphisagria .....              | .50    | .15    |       |        |
| Stillingia .....                | 2.25   | .65    |       |        |
| Sanbucus .....                  | 1.50   | .50    |       |        |
| Scusa .....                     | 1.50   | .50    |       |        |
| Veratrum Viride .....           | 2.25   | .65    |       |        |
| Viburnum .....                  | 1.50   | .50    |       |        |
| Xanthoxylum .....               | 2.25   | .65    |       |        |
| Mayer's Ointment .....          | 1.00   | .30    |       |        |
| Stramonium .....                | .75    | .25    |       |        |
| Phosph. Soda .....              | .75    | .25    |       |        |
| Sulphite Soda .....             | .75    | .25    |       |        |
| Podophyllin Tritrated, per oz.  |        |        |       |        |
| Hydrastia Sulph. ....           |        |        |       |        |
| Sanguinaria Nitrate .....       |        |        |       |        |
| Yerba Santa .....               | 2.50   | .75    |       |        |

## ELIXIRS AND WINES.

|                                               | PER<br>FLOZ. | PER<br>GAL. |                                      | PER<br>FLOZ. | PER<br>GAL. |
|-----------------------------------------------|--------------|-------------|--------------------------------------|--------------|-------------|
| Elixir Calisaya and Iron .....                | .55          | 5.50        | Elixir Bryon. Potassa .....          |              |             |
| Elixir Calisaya, Iron and Strychnia .....     | .55          | 5.50        | Elixir Calisaya .....                |              |             |
| Elixir Calisaya, Iron and Bismuth .....       | .55          | 5.50        | Elixir TAYACHUS Comp. ....           |              |             |
| Elixir Pepsin, Bismuth and Strychnia .....    | .50          | 10.00       | Elixir Buchu .....                   |              |             |
| Elixir Phos. Iron, Quinia and Strychnia ..... | .50          | 14.00       | Elixir Buchu and Potassa .....       |              |             |
| Elixir Pyrophosph. Iron .....                 | .75          | 5.00        | Wine of Wild Cherry .....            |              |             |
| Elixir Valerianate Ammon .....                | .50          | 7.00        | Wine of Wild Cherry, Fermented ..... |              |             |
| Elixir Gentian .....                          | .50          | 4.00        | Wine of Pepsin .....                 |              |             |
| Elixir Gentian, Fermented .....               | .75          | 5.00        | Wine of Iron, bitter .....           |              |             |
| Elixir Pepsin and Ptelea .....                | .50          | 14.00       | Wine of Iron, with Sweet .....       |              |             |

H. M. MERRELL &amp; CO.

CINCINNATI, OHIO.

O THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its re-  
 ception into chyle, and is therefore the most important remedy for Dyspepsia that has ever been  
 used.

This preparation has now been in the hands of the Medical Profession for two  
 years, during which time its therapeutic value has been most thoroughly established in  
 cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhea,  
 Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all  
 diseases arising from imperfect nutrition.  
 One of the most important applications of LACTOPEPTINE is in those cases  
 where the digestive organs are unable, from debility, to properly prepare for assimila-  
 tion the remedies indicated. In such cases combine it with the remedy indicated.

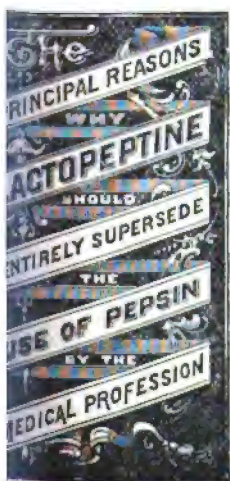


LACTOPEPTINE, as well as all other preparations of our manufacture, is  
 prepared strictly for the use of the Medical Profession, and is kept inviolably in their  
 hands.

## FORMULA OF LACTOPEPTINE.

|                |            |                           |                |
|----------------|------------|---------------------------|----------------|
| Sugar of Milk, | 30 Ounces. | Veg. Pygalin or Distasac, | 1 Drachm.      |
| Pepsin,        | 4 "        | Lactio Acid,              | 34 R. Drachms. |
| Pancreatine,   | 3 "        | Hydrochloric Acid,        | 24 R. "        |
|                |            | Powder and Mfr.           |                |

- 1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactio and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.



The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners and its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER TEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHOM ENUMERATE CASES WHERE PEPsin ALONE HAD FAILED TO BENEFIT, BUT FINALLY BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—oo—

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pepsine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Medical and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

—oo—

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—oo—

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

—oo—

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an indurated, fostered, persistent condition of General Dyspepsia, which I had treated for seven years with Pepsin, finding in its use good service, although the general results were encouraging.

*A large proportion of diseases are the result of imperfect digestion.*

---

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with  
Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and ack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,  
while the same quantity of any standard preparation of Pepsin  
in the market will dissolve but three ounces.*

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, MO., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—  
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in a case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—  
INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost *in articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—  
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—  
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—sin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and creatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—  
ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was sent in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases on hand, in which various medicines and remedies had been used without success, readily consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to commend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carnic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant manner.

### 0 TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, and Troaches.

*LACTOPEPTINE is also combined with the following preparations :*

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Asthma, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate of Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARRICK manufacture a full line of Fluid Extracts.*

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

|          |                           |              |
|----------|---------------------------|--------------|
| <b>R</b> | Liquid Lactopeptine,      | dr. vi.      |
|          | Fl. Ex. Cinchona Comp,    | dr. i.       |
|          | Fl. Ex. Taraxacum,        | —            |
|          | Tinct. Zingiber,          | ss dr. iiii. |
|          | Hydrochloric Acid Dilut., | dr. i.       |
|          | Spts. Lavender Comp.,     | dr. ii.      |
|          | Sulphate Quinia,          | grs. xl.     |

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

|          |                                    |           |
|----------|------------------------------------|-----------|
| <b>R</b> | Liquid Lactopeptine,               | dr. vi.   |
|          | Fl. Ex. Cinchona Comp,             | dr. i.    |
|          | Tinct. Zingiber,                   | dr. iiii. |
|          | Spts. Lavender Comp,               | dr. v.    |
|          | Aromatic Sulphuric Acid,           | dr. i.    |
|          | Essence Menth. Pip. or Gaultheria, | gtts. x.  |
|          | Sulphate Quinia,                   | grs. xl.  |

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*Private Formulas of Pills or other Preparations made to order.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

**NO. 3.—FOR MALARIAL DYSPEPSIA.**

|          |                          |             |
|----------|--------------------------|-------------|
| <b>R</b> | Liquid Lactopeptine,     | dr. fl. vi. |
|          | Fl. Ex. Cinchona Com.,   | —           |
|          | Tinc. Nux. Vomica,       | ss dr. xi.  |
|          | Spts. Lavender Comp.,    | oz. ss.     |
|          | Hydrocyanic Acid Dilut., | dr. ss.     |
|          | Syr. Aromatic Rhubarb,   | oz. ss.     |
|          | Sulphate Quinine,        | dr. ss.     |

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

**NO. 4.—FOR CHRONIC DIARRHŒA.**

|          |                                            |          |
|----------|--------------------------------------------|----------|
| <b>R</b> | Liquid Lactopeptine,                       | dr. vi.  |
|          | Liq. Opil. Comp. (Squibbs'),               | dr. iii. |
|          | Nitric Acid Dilute; or, Aqua Regia Dilut., | dr. i.   |
|          | Syr. Aromatic Rhubarb,                     | dr. ii.  |
|          | Pulv. Nit. Bismuth,                        | dr. ss.  |
|          | Aqua Camph.,                               | oz. ss.  |

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to **LACTOPEPTINE** we manufacture **PEPSIN**, **PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form,\* and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains :

|                  |        |
|------------------|--------|
| Sulph. Magnesia, | 1 dr.  |
| Senna,           | 2 "    |
| Scammony,        | 6 gra. |
| Liquorice,       | 1 dr.  |
| Ginger,          | 3 gra. |
| Coriander,       | 5 "    |

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

### Strychnia Compound Pill.

|                            |              |
|----------------------------|--------------|
| Strychnia, - - -           | 1-100 grain. |
| Phosphorus, - - -          | 1-100 "      |
| Ex. Cannabis Indica, - - - | 1-16 "       |
| Ginseng, - - -             | 1 "          |
| Carb. Iron, - - -          | 1 "          |

Dose—One to two.

A reliable and efficient Pill in Aphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

### Hæma, Quinia and Iron Pills.

|                          |          |
|--------------------------|----------|
| Ext. Blood, - - -        | 3 grains |
| Quinine Sulph., - - -    | 1 grain  |
| Sesqui Oxide Iron, - - - | 1 "      |

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

## HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anæmia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialised Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HEMA** (Ext. Blood), 4 gra.

Dose.—Two to four.

90 cts. per hundred.

### HEMA COMP.

Ext. Blood, 2 gra.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

### HEMA, QUINIA, IRON, and STRYCHNIA.

Ext. Blood, 2 gra.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT**

BY MAIL.

### Price of LACTOPEPTINE by Mail.

|                                                |        |
|------------------------------------------------|--------|
| One ounce sent by mail, prepaid, on receipt of | \$1 00 |
| One pound " " " " " "                          | 13 00  |

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARRICK, Manufacturing Pharmacists,**

198 FULTON STREET, NEW YORK.

# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT,

MANUFACTURERS OF

**Fluid and Solid Extracts, Sugar-coated Pills,  
Elixirs, Wines and Syrups, Aqua Ammoniaë,  
Pure Concentrations, Spts. Nitre Dulc.  
Gran'ted Effervescing Salts, Pure Powd'd Drugs  
Chem. Pure Chloroform, Chemicals, &c.**

We call special attention to the following articles lately added  
to our list:

Fluid Extract Jaborandi.  
Fluid Extract Damiana.  
Fluid Extract Guarana.  
Fluid Extract Eucalyptus Globulus.  
Fluid Extract Grindelia Robusta.  
Fluid Extract Bearsfoot.  
Fluid Extract Calendula.  
Fluid Extract Chestnut Leaves.  
Fluid Extract Cotton Root Bark, (from the fresh root.)  
Fluid Extract Gelseminum, (from the fresh root.  
Pills of Picrate Ammonium, (sugar coated.)  
Brundage's Anti-Constipation Pills, (sugar coated.)

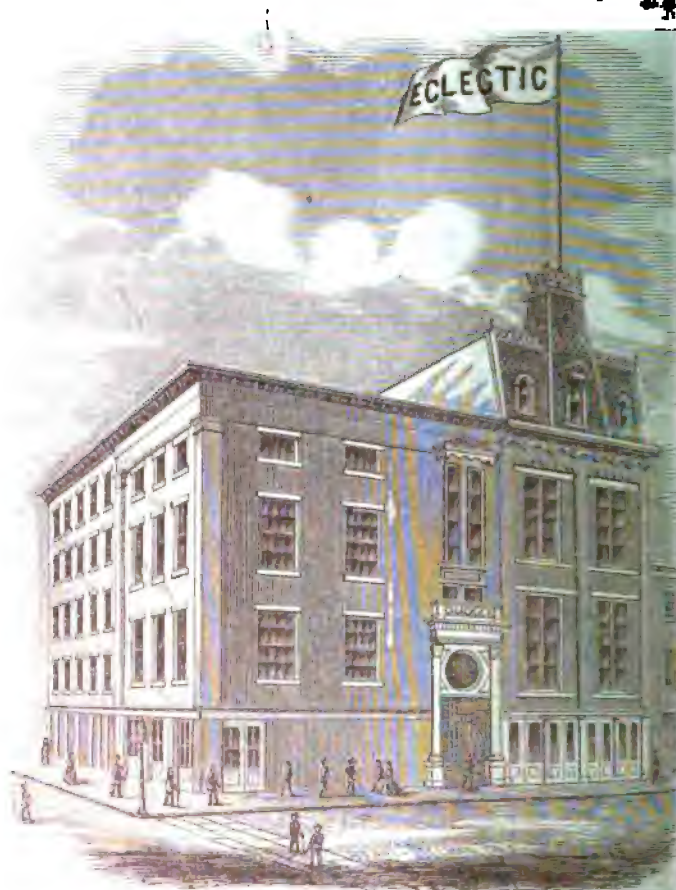
Send for dose, descriptive list and circulars, which will be for-  
warded on application.

Physicians who desire our preparations will please specify P. D.  
& Co. on their prescriptions.

Our list of manufactures can be obtained of the following whole-  
sale Druggists, at manufacturers' rates:

### DEPOT IN NEW YORK CITY, LEHN & FINK.

|                           |                                 |
|---------------------------|---------------------------------|
| R. Macready & Co.         | - - - - - Cincinnati.           |
| Kenyon, Potter & Co.      | - - - - - Syracuse, N. Y.       |
| George A. Kelly & Co.     | - - - - - Pittsburg, Pa.        |
| Benton, Myers & Canfield, | - - - - - Cleveland, O.         |
| George M. Dixon,          | - - - - - Dayton, O.            |
| A. Peier & Co.            | - - - - - Louisville, Ky.       |
| Morrison, Plummer & Co.   | - - - - - Chicago, Ill.         |
| Colburn, Birks & Co.      | - - - - - Peoria, Ill.          |
| George A. Eddy,           | - - - - - Leavenworth, Kan.     |
| Godbe, Pitts & Co.        | - - - - - Salt Lake City, Utah. |
| Reed, Williams & Co.      | - - - - - Toledo, O.            |
| Farrand, Williams & Co.   | - - - - - Detroit, Mich.        |
| Swift & Dodds,            | - - - - - Detroit, Mich.        |
| Browning & Sloan,         | - - - - - Indianapolis.         |
| Wheelock, Finlay & Co.,   | - - - - - New Orleans.          |
| Strong, Cobb & Co.,       | - - - - - Cleveland O.          |
| J. W. Wood & Co.,         | - - - - - Kansas City, Mo.      |
| J. Durbin,                | - - - - - Denver, Col.          |
| Evans, Mercer & Co.,      | - - - - - Montreal, Q.          |



# Eclectic Medical Institute

*Cincinnati, 1876-7.*

Winter Session Commencing Oct. 2d, 1876. Preliminary Lectures from Oct. 1st to 2d.  
Spring Session Commencing February 1st, 1877.

For Annual Announcement, or other information, address

DR. J. M. SCUDLER  
CINCINNATI

Price \$2 per Annum.

Single Copies 25 cts.

T H E

# Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M.D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE  
ECLECTIC MEDICAL INSTITUTE.

Vol. xxxvi.

Cincinnati, December, 1876.

No. 12.

## TABLE OF CONTENTS.

### Original Communications.

|                                                                     |     |
|---------------------------------------------------------------------|-----|
| ART. CII.—Fluid Extract of Gossypium Herbaceum. By J. U. Lloyd..... | 587 |
| ART. CIII.—Cyanosis with retarded Menstruation.....                 | 547 |
| ART. CIV.—A Woman on Women Doctors. By Loretto Mann, M. D.....      | 548 |
| ART. CV — Legalized Prostitution. By A. J. Howe, M. D.....          | 549 |
| ART. CVI.—A sudden and grateful Relief.....                         | 552 |
| ART. CVII.—Gleanings. By Prof. J. King.....                         | 553 |
| ART. CVIII.—What was it? By J. C. Burlington, M. D.....             | 556 |

### Periscope.

|                                           |     |
|-------------------------------------------|-----|
| Doctors Differ.....                       | 556 |
| How to cure a Cold in the Head.....       | 559 |
| Diabetes cured by the Skim-milk Diet..... | 561 |

|                                                                     |     |
|---------------------------------------------------------------------|-----|
| Dysentery—Discussion before the Cincinnati Academy of Medicine..... | 563 |
| The Treatment of Urethral Disease.....                              | 565 |
| No more Ovariotomy.....                                             | 567 |
| On Aquapuncture.....                                                | 568 |
| Subcutaneous Osteotomy.....                                         | 569 |
| Treatment of Boils and Carbuncles.....                              | 570 |
| New Method of Reducing Dislocations of the Shoulder.....            | 571 |

### Editorial.

|                                                                              |     |
|------------------------------------------------------------------------------|-----|
| The Close of the Centennial Year.....                                        | 572 |
| A Re-study of the Practice of Medicine.....                                  | 573 |
| Two Cases of Dysentery.....                                                  | 578 |
| The College.....                                                             | 579 |
| Special Providences, Miraculous Interpositions, Inscrutable Providences..... | 579 |
| Croup.....                                                                   | 580 |
| The Journal for 1877.....                                                    | 582 |
| Clermont Eclectic Medical Association.....                                   | 582 |
| Book Notices.....                                                            | 583 |

OFFICE OF SURGEON IN CHARGE,

Port of St. Louis, Mo., August 8th, 1876.

Dr. S. B. COLLINS, La Porte, Indiana. :

SIR—Since the report of my case in your Journal, I have been the recipient of hundreds of letters from invalids distributed throughout the United States, and, it seems to me, residents of most of the cities and counties of nearly every State in the Union. The writers are usually intelligent and educated persons, who, through disease and the doctor, have fallen martyrs to the "Opium habit." In these letters to me they, very inconsistently, say they have read my communication now published by you, and they desire to know from me directly, if the said article be authentic and true, and that, if I will so inform them by letter they will have confidence in your cure; and apply to you for treatment. I am a stranger to all the above sufferers, male and female, and can not understand *why* or *how* they can confide more implicitly in a mere letter to a person unknown to me, than they can rely upon one more carefully prepared for the press, and intended *pro bono publico*. Nearly every one who thus unreasonably taxes my time, desires a minute history of my case, and a statement of all the cases I have known to be treated by you. Until last week, my sympathy with the afflicted had induced me to answer all the said letters; but one then received capped the climax of unreasonableness by questions, the answers to which would require the space of a dozen sheets of foolscap—and it wearied me into the vexation of spirit that exacts this epistle as a retreat from further intrusion, and a *desperate* resort for relief from unreasonable questions and importunities. The letter you so long ago published over my name, was written in good faith to me; and was a faithful description of my case, and a full history of the cure effected by you, and it should fully satisfy any stranger who could be convinced by letter. The relief your medicine afforded me, and the complete cure accomplished in my case, and, also, in the instances of numerous friends and multitudes of strangers referred by me to you, placed me under obligations that money could not, in my estimation, fully satisfy. My published letter was, therefore, volunteered as a sense of gratitude, and not in compliance with any previous promise from me, nor in response to any request from you, for you have not, nor have you now, made one.

In conclusion, I desire to say through you to your patrons, that I never have seen you, and that our only acquaintance with each other is through our correspondence relevant to your treatment.

Very truly,

(Signed)

GEO. T. ALLEN, M. D.

# THE ECLECTIC MEDICAL JOURNAL.

---

VOL. XXXVI.

DECEMBER, 1876.

No. 12

---

## ORIGINAL COMMUNICATIONS.

**Art. CII.—Fluid Extract of *Gossypium Herbaceum*.\*** (Cotton Plant.) By J. U. LLOYD.

At the Twenty-third Annual Meeting of the United States Pharmaceutical Association, the following query was awarded to J. U. Lloyd :

"The Fluid Extract of Cotton Root Bark, occasionally gelatinizes on keeping; can a modification of the process for making this Fluid Extract be suggested, which will prevent such a change? To which principle and to what influence is it due? And has the bark of the green root any superiority over that of the dry, in the preparation of the Fluid Extract?"

When fluid extract of gossypium is prepared from prime bark, like that described by Prof. J. M. Maisch, *American Journal Pharmacy*, 1875, page 11, it is liable to be either yellowish brown or of a deep red color. When it is made from inferior or injured bark, it is usually brownish red. With prime bark, if the percolation is conducted rapidly, the menstruum passing through in a few hours, the percolate will be yellowish brown and neutral; upon standing, it changes in color and soon assumes a rich deep red color, and the extract acquires an acid re-action.

If the percolation progresses slowly, so that the menstruum does not begin to drop until twenty-four or thirty-six hours have passed, the extract will be red to begin with and possess an acid reaction. Thus, it will be seen that the rapidity of the percolation will influence the color of the recent extract, and account for the different appearances so frequently observed by manufacturers, and occasionally mentioned by writers. The foregoing is sufficient in regard to this point, and it is unnecessary that I should consume more time here; my experience is that fluid extract of gossypium prepared from prime bark will always change to deep red upon standing, if it is not so when recent, and contains more than fifty per cent. of alcohol.

Water will not bring about the above named change, the chemical reaction which gives rise to the red coloring matter will not take place in infusions and decoctions, consequently they are of a yellowish muddy color when prepared, and remain so.

---

\* Read before the Twenty-fourth Annual Meeting of the United States Pharmaceutical Association.

Occasionally fluid extract of *gossypium* gelatinizes. I will say here that in my opinion this word does not convey the meaning desired, for it does not describe the appearance of the material produced by the disintegration of the extract, as it is quite different from a jelly. It is not a quivering homogeneous mass, such as is produced by gelatin or pectin, but a substance resembling some tenacious, opaque, reddish brown precipitate suspended in muddy water. Upon inclining a bottle containing this material, the liquids will drain away from the semi-solid portion, which will continue to maintain its original bulk, unless the vial is shaken, when it will break into pieces quite smooth and soft to the touch, although to the eye they appear to be thickly studded with grains of solid matter. When this change takes place, the deep, rich, red color of the extract disappears; the solidified portion is reddish brown and the liquid is usually muddy; it re-acts strongly acid.

The solidified portion will not dissolve in alcohol, solution of alkalis, or in dilute acids. The application of heat will not render it soluble while in the original menstruum, as is the case with precipitates which occur in certain other fluid extracts.

The investigation of the disintegration or gelatinization of this extract is rather difficult. There is no certain time after the extract is made when we may expect it to occur; there is no condition I am acquainted with that will bring it about at will. I have made the extract in eighty pound batches and only heard complaints from a few pounds out of each, sometimes from none. I have placed numerous specimens aside for long periods, but have never succeeded in inducing a single sample to decompose; and yet from time to time, I would hear that with others the change had taken place in specimens taken from the same lots mine were out of. I have made many small amounts of the extract, four or five pounds at once, by different processes, to observe the change if it would occur, but I have never been so lucky as to have any specimen solidify under my notice. Consequently, as I could not experiment individually upon the matter with any certainty, my only course was to manufacture regular batches, keep careful notes, and change my processes when convinced, by reports, of their imperfection.

Each experiment, from necessity, occupied from one to two years, consequently all the investigations embraced within my report upon this part of my query were made before I accepted the subject from the Association; they were instituted for the purpose of enabling me, as a manufacturer, to overcome imperfections in formulas I had used, and believed were being used by others, for I will remark that I have seen several solidified specimens from extracts upon the market. The numerous experiments performed with small amounts I do not give, as experience taught me I could not depend upon them in the least as criterions of large batches, and a notice of them would consume much valuable space in the proceedings.

Until the year 1870, I made fluid extract of *gossypium herbaceum* with dilute alcohol. My process was to moisten the finely ground bark with the above named menstruum, pack it into a cylindrical percolator, add dilute alcohol, and percolate until fourteen fluid ounces were obtained for

each sixteen Troy ounces of material; this amount was reserved and the percolation continued with a menstruum of the same strength until the bark was exhausted; the alcohol was then recovered from the last runnings by distillation and the residue within the still evaporated until reduced to the measure of two fluid ounces for each sixteen Troy ounces of bark operated upon, which was then added to the reserved tincture.

The extract obtained by the above process is of a beautiful red color; upon standing it gradually becomes darker, at the same time depositing considerable sediment; frequently it would be reported to me that a bottle of it had gelatinized, and in consequence of the abundant precipitation and the gelatinization so frequently occurring, I considered the process very objectionable.

When the present pharmacopœia was issued, I was pleased to find that fluid extract of gossypium had received official recognition. The process recommended for its preparation differed materially from the one just described; a certain amount of glycerine was introduced. I immediately adopted the formula, resolving to give it as careful and practical an investigation as I was capable of and had facilities for doing.

The addition of the glycerine made an extract a little thicker and somewhat sweeter than was produced by my old formula, the color was about the same, precipitation occurred almost as abundantly as before, and occasionally I learned that a specimen had gelatinized. I was sadly disappointed, and after carefully trying the process twelve months from the time of its adoption, I felt that I was warranted in declaring it imperfect; accordingly I abandoned the U. S. P. and struck out for myself again; the line of experiment determined upon and adopted was as follows:

To every sixteen Troy ounces of finely ground gossypium bark used I made a mixture of alcohol ten fluid ounces, glycerine three fluid ounces, and water three ounces. After moistening the bark it was pressed firmly into a cylindrical percolator and the remainder of the menstruum was poured upon it; after disappearing it was followed with a mixture of alcohol ten parts to six of water. The first thirteen fluid ounces of the percolate were reserved, after which the percolation was continued until the bark was exhausted; from this latter percolate I distilled the alcohol and evaporated the residue to the measure of three fluid ounces, which was added to the reserved portion.

It will be noticed that but little change was made in the U. S. P. formula—perhaps, to many, the alteration was insufficient to justify a line of experiments with careful observations and notes for the period of fourteen months—however, experience has taught me that a slight change in the composition of a menstruum will in many instances make a decided alteration in the appearance of an extract; consequently, I felt authorized to faithfully investigate the subject, although I will candidly say my hopes of overcoming the aforementioned defects were very small.

The alcoholic strength of this extract was slightly greater than that of the U. S. P. After the first part of the menstruum had been absorbed, it will be perceived that I continued the percolation with a mixture of the same *alcoholic* strength. This was an improvement. The extract resembled that of the U. S. P., excepting that the precipitate thrown down by

standing was much less in amount. I learned, however, from the traveling agent for the house that in several instances he found it had solidified; accordingly after using the formula fourteen months, I again commenced with a new line of experiments. This time I used no water during the operation.

Sixteen parts of finely ground bark was moistened with a mixture of alcohol ten parts, glycerine six parts; after packing the bark into the percolator the remainder of the mixture was poured upon it; after disappearing, it was immediately followed with alcohol. Thirteen fluid ounces of the first percolate was reserved for every sixteen Troy ounces of bark operated upon; after which the bark was exhausted and the last runnings reduced by distillation to three fluid ounces; this was then mixed with the reserved thirteen fluid ounces.

The extract resembled, as far as appearances indicated, that produced by the U. S. P. formula. The gradual precipitation which occurs in almost all fluid extracts upon standing occurred in this, but not so extensively as in the first two processes I have described. I have used it pretty extensively since, and have yet to hear of the first instance of jellifying. I am aware it is difficult to discover an infallible rule, one that will give satisfaction in all hands for making pharmaceutical preparations, and I can only report the results of my own experience. Accordingly in answer to the part of my query, "Can a modification of the process for making this fluid extract be suggested which will prevent such a change, (gelatinizing)?" I will say that practical experiments extending over three years according to the last mentioned process have been carried on in a manufacturing establishment that has turned out hundreds of pounds of the extract, and every pound, as far as my knowledge extends, remained unchanged.

"Has the bark of the green root any superiority over that of the dry in the preparation of the fluid extract?" As a therapeutical agent cotton root has not enjoyed a very enviable reputation. It was first employed by negroes in our Southern States to produce abortion, reports saying it generally proved reliable. As its property of acting in this manner upon the female organs of generation became noised abroad, a demand sprung up for it over the entire country. Some physicians prescribed it as an emmenagogue, some as a parturient, and not a few disreputable persons undoubtedly administered it with the criminal object of producing abortion. Many physicians refused to prescribe it at all, inferring from reports that it was too violent in its action for safety.

When the subject was awarded to me by this Society for investigation, I had no faith in the virtue of gossypium, or any of its preparations, I believed it to be worthless; I had manufactured quantities of the fluid extract of the dry bark, and never had received a favorable report from it, or any extract made by other parties; I had conversed with practicing physicians who had used the extracts found upon the market, and had never heard a good word spoken for any of them, and I did not anticipate the green bark would prove an exception to the rule. After accepting the query from the Association, I was in duty bound to throw aside all prejudices and collect for the Society all the *facts* I could in regard to the

matter. I have tried to conduct the investigation strictly in an impartial manner, I have endeavored to impress the minds of physicians, from whom I have procured information relating to the subject, with the idea that if cotton root is worthless, it should be discarded; if valuable, the profession should understand the fact. My first move was to obtain all the information possible in regard to the employment of green gossypium in its native location. I can present reports from three physicians who were prepared to give experiences with the drug as follows:

RUSSELLVILLE, ARK., Nov. 3d, 1875.

J. U. LLOYD—*My Dear Sir*:—I have on several occasions used a decoction of fresh cotton root bark to promote labor pains, and have never been disappointed. Yours truly,

J. W. PRUITT, M. D.

NEBLETT, MISS., Nov. 21st, 1875.

MR. J. U. LLOYD—*Dear Sir*:—For the last two years I have been using a preparation of the bark of fresh cotton root made in the proportion of half a pound of root to the pint of decoction. It acts well as an emmenagogue. It seems to have an especial affinity for the uterus. In full doses continued, a decoction of cotton root bark will undoubtedly produce abortion. Yours respectfully,

M. F. DUMAS, M. D.

STRAIGHT FORK, KY., June 9th, 1876.

J. U. LLOYD—*Dear Sir*:—My attention was called to the bark of cotton root by two or three planters in Mississippi, during the fall of the year 1857, and I witnessed its action in one case of abortion. A negro woman collected some of the bark of the fresh root and some green seed (about a pint she told me) and made a quart of strong tea and drank about half of it. I was sent for by her master, but the drug had brought on such energetic pains that it was impossible to check them, and she lost her child. Yours truly,

C. C. FERGUSON.

Soon after accepting the query in regard to this subject, I received from Wallace Brothers, of Statesville, N. C., a half barrel containing forty-three pounds of fresh prime cotton root bark preserved with alcohol; it was donated by them to help the investigation.

This bark I proceeded to have ground as finely as possible, and then I made it into fluid extract. The extract was distributed to physicians with a request that an impartial, careful trial be given it, and the result of their investigations reported to me. I also requested each one to advise me of the success he had met with in using the fluid extract of dry cotton root bark.

Much interest was taken in the matter, and I received many reports. I feel that my only way to present the matter properly is to give the Association every report as nearly as possible in the doctor's own language. Accordingly I give a summary of each. I will first present those upon the dried root and its preparations, abridging the reports as much as possible to save space.

"I have for several years occasionally tried a tincture made from dried cotton root bark with a success not at all flattering, and I have abandoned cotton root.

G. F. ADYE, M. D., Newtonville, Ind."

"I have never had any success with dry cotton root or its extract, although I have repeatedly tried them. Of late years I have not used the

extracts offered in the market as I consider them entirely worthless.  
 "M. F. LINQUIST, M. D., New Haven, Conn."

"I have tried the extract of dry cotton root from three different manufacturers and they all proved unsatisfactory in their operation.

"C. C. FERGUSON, M. D., Straight Fork, Ky.

"My experience with dry cotton root is that it is worthless, the bark and extract of the bark are worthless.

"H. M. NORTON, M. D., Kent, Iowa."

"I have used the dried cotton root in the form of tincture and decoction with very little effect, if any. I consider the dried bark in any form a feeble remedy.

C. E. BOLDREY, M. D., Elrod, Ind."

"I place no confidence in it. DR. W. A. HALE, Duck Lake, Mich."

"Three years ago I used the fluid extract of gossypium as manufactured by —, and was disappointed in it.

"J. H. MARKHAM, M. D., Pleasant Hill, Mo."

"I have used a decoction of the dry cotton root without success.

"J. KINCAID, M. D., Walesboro, Ind."

"I never could find any benefit arise from using the dry cotton root bark.

H. L. WELLS, M. D., Vernon, Ill."

"I have tried different manufacturers' fluid extract of dry cotton root bark, but as yet have not seen the effect that is claimed for it.

"R. J. BOWEN, M. D., Elizabeth, N. J."

"I have used the fluid extract of dry cotton root, and consider it worth nothing.

J. H. WILEY, M. D., Oskaloosa, Iowa."

"I have never seen any preparation of dry cotton root that could be relied upon.

J. S. PARMELLE, M. D., Wesner, Neb."

"I am satisfied from personal experience that the fluid extract of dry cotton root bark upon the market is perfectly unreliable.

"THOS. IRVINE, M. D., College Springs, Iowa."

"I have used fluid extract of dry cotton root bark as made by —, without any effect.

W. H. OUTLAND, M. D., Zanesfield, Ohio."

"I have bought the fluid extract of dry cotton root bark from various houses, but as yet have never found any that I could place any confidence in, consequently I have discarded it from my practice.

"H. W. BAGGS, M. D., Jacksonville, Ill."

"The fluid extract which I have used was made from the dried root and gave no result.

L. M. BOOKWALTER, M. D., Greenville, Ohio."

"I have used fluid extract of dry cotton root bark as made by different manufacturers, but can not say it acted well.

"L. O. GIBBS, M. D., Chicago, Ill."

"I have in my office some tincture of recently dried cotton root bark, which, therapeutically considered, is worthless.

"J. W. PRUITT, M. D., Russellville, Arkansas."

"I have used the ordinary fluid extract of dry cotton root with no visible effect.

E. W. KNEPPER, M. D., Ligonier, Ind."

"I have used fluid extract of dry cotton root bark as made by different manufacturers with no success.

M. F. DUMAS, M. D., Neblett, Miss."

The foregoing embraces everything I have received in regard to the therapeutical value of dry cotton root bark. Of the twenty physicians'

experiences it will be seen there is not a single word spoken in favor of dry cotton root, or any of its preparations.

Quite a number of these reports came to hand before my extract of the fresh bark had been distributed, enough indeed to discourage me with regard to the fresh bark, and lead me to believe that the reports upon my extract would be of the same nature. However, notwithstanding my convictions of the worthlessness of gossypium in any form as a medicine, I proceeded to carefully prepare the forty-three pounds of fluid extract from the fresh bark, and distribute to practicing physicians over the country. I made a special request that each physician would carefully watch its action and report to me either in regard to its value or worthlessness. I emphasized the point that I would prize reports saying it was inert fully as much as I would those to the contrary. I endeavored to impress their minds with the fact that the investigation was for the benefit of science and the medical profession at large, and not a personal affair of my own. In regard to my fluid extract of the fresh bark I have received many letters, some of them quite long and explicit with details. I will give the Society a brief synopsis of all, but am compelled to abridge extensively; however, I will endeavor to give the actual experience each physician had with the extract, in as few words as possible, using his own language when I can.

"I have used your extract in one case of amenorrhœa of a young girl sixteen years old, with perfect success. This was of course together with tonic treatment. I have used it in several labor cases, but noticed nothing special about it. It did as well as I should have expected ergot to do. There was no great need of anything in any of these labor cases.

"C. WINSLOW DALLER, M. D., Philadelphia Hospital."

"I have found the most marked therapeutical effects from your extract of fresh gossypium in painful menstruation. I hope the article may have a wide berth.

W. B. ANINGTON, M. D., Penfield, Ga."

"I used your extract in three cases to increase uterine contraction and found it to act well, but not so quickly as ergot; but it has this advantage over ergot, it acts longer. In one case of amenorrhœa it gave relief, here I combined it with tonics.

H. B. WHITE, M. D., Harlansburg, Pa."

"Having used your extract of fresh cotton root in two cases I will report that in the first, a case of amenorrhœa of a young married woman, it acted like a charm. The second was a case of suspended menstruation in a woman thirty years old; the extract did not produce the desired effect, but the trial was not strictly fair, as I did not have enough extract.

"M. F. LINQUIST, M. D., New Haven, Conn."

"In two cases of labor where the pains stopped at the close of second stage, I administered your fluid extract of gossypium, and it acted at once.

W. C. DAVIS, M. D., Scranton, Iowa."

"I have used your extract in two cases of obstinate amenorrhœa. In both it brought back the menses after the usual remedies failed.

"E. M. HALE, M. D., Chicago, Ill."

"We each gave your extract in suppression of the menses of two months' standing; it failed to produce any visible effect.

"DRS. J. H. WILLEY, ELAM STAFFORD, Oskaloosa, Iowa."

"I have used your extract of fresh cotton root bark in several instances to bring about the labor pains. It acted well, not as quick as ergot, but fully as certain, the pains coming and passing in a perfectly natural manner. In a case of suppressed menstruation resulting from cold, it acted as well as any remedy I have ever used. In amenorrhœa from debility it produced a marked improvement at once. I gave with it, in this latter case, the tincture of chloride of iron.

"C. E. BOLDRY, M. D., Elrod, Ind."

"I write to report what I have observed from the use of your fluid extract of gossypium in two cases. 1st. Lady married, age 36; no catamenial flow for twenty months, very anemic. I gave your fluid extract in teaspoonful doses three times a day, also gave a chalybeate. Menses were restored, cheeks now rosy, health generally good. 2d. Married lady, 24 years old, was afflicted with amenorrhœa of long standing, also anemic, nervous system very much deranged. After treatment with your extract, in connection with chalybeates, she was restored to health.

"J. H. WILLHITE, M. D., Dayton, Mo."

"I have been careful in selecting cases to try your fluid extract of gossypium on, and must say that it carries off the palm from anything I have ever used for suppressed menstruation from anything like exposure and cold. I have likewise used it as a parturient with fine effect, equal if not superior to ergot. I gave a neighboring physician a portion to try on a case of epilepsy with suppressed menstruation of one year's standing; the use of the extract together with the hip bath and moderate purgation produced the menstrual discharge.

"G. F. ADYE, M. D., Newtonville, Ind."

"I gave your extract of fresh gossypium in two cases of amenorrhœa; one very serious, the lady was much reduced and had contracted a bad cough. I administered chalybeates in connection; both cases were cured.

"J. J. DULANEY, M. D., Covington, Ky."

"I had a bad case of amenorrhœa, according to the lady's statement, of eight months' standing; she was much reduced in flesh and very delicate. I was fearful of a determination to the lungs. I gave her your extract of fresh gossypium in teaspoonful doses; for some days there was no improvement, then came a change for the better which was followed in five days by natural menstruation. In another instance I was called to see a lady who had produced an abortion upon herself; she had a high fever, flying pains, heat of abdomen and a constant discharge of blood from the womb. I can not extol your extract too highly, it acted well, and in a few hours everything was right.

"WALLACE A. HALE, M. D., Duck Lake, Mich."

"I used the extract you sent me in a case of labor where the pains were irregular and of little force; gave teaspoonful doses every ten minutes of the following prescription: R Fl. ext. gossypium, ʒii; water, ʒiv.; mix. Pains became regular in thirty minutes and labor soon terminated.

W. C. DAVIS, M. D., Scranton, Iowa."

"I am using your extract of cotton root in a case of amenorrhœa, no result as yet. Please inform me about dose, as I have never tried the article before.

H. L. WELLS, M. D., Vernon, Ill."

"A married lady came to me and represented herself to be suffering with suppressed menstruation. I did not make an examination as I believed she was telling the truth, gave her your fluid extract of cotton root for some time, no result; afterward the case proved to be one of conception. The medicine did not produce abortion, and no bad effect resulted from its administration. H. M. NORTON, M. D., Kent, Iowa."

"I have had the opportunity of using your fluid extract of cotton root in one case only, that was menorrhagia. I gave it in teaspoonful doses every three hours. It acted admirably, promptly reducing the excessive flow to its normal condition. There was no painful contraction of the womb or nausea of stomach. C. BATES, M. D., Beda P. O., Ky."

"I have used your fluid extract of cotton root bark in three cases. Two were to facilitate labor pains, it failed in both; after this I got the characteristic effect from ergot. The third case I tried to produce abortion upon a lady with contracted pelvis; continued the medicine sometime. No effect was experienced. R. J. BOWEN, M. D., Elizabeth, N. J."

"I gave your extract of cotton root in a case of dysmenorrhœa. Lady married seven years, no children, had not menstruated for three months; gave the extract in teaspoonful doses four times a day. It had the effect of relieving her without any unpleasant symptoms."

"J. C. BUTCHER, M. D., Urbana, Ohio."

"I have tried your extract in two cases to promote labor pains; one case I waited from 3 until 6 o'clock, P. M., without the pains occurring sufficiently strong, then gave the extract of cotton root in teaspoonful doses with the desired effect. It acted well in the other case also."

"C. C. FERGUSON, M. D., Straight Fork, Ky."

"I gave your fluid extract of cotton root in drachm and half drachm doses with the effect of increasing the intensity of uterine contraction. I prefer it to ergot in most cases as a parturient."

"W. C. WADE, M. D., Holly, Mich."

"I have given your extract in several instances with success, in others I found little effect. E. M. HALE, M. D., Chicago, Ill."

It will be remembered that my investigation is only in respect to the comparative values of fresh and dry cotton root bark, being simply for the purpose of discovering if fresh bark is superior to dry in a therapeutical sense. I am not expected to give doses and enter into the minutia of symptoms; occasionally I have mentioned the dose given, but generally I have confined myself strictly to the point under consideration. Upon comparing the reports it will be seen that the dry bark is universally condemned as worthless, not a single word is spoken in its favor. With respect to the fresh bark the majority of reports are decidedly flattering. Accordingly, I will report from testimony obtained through my investigations that a prime fluid extract of fresh cotton root bark is an active therapeutical agent and deserving the attention of the medical profession, while that of the dry is inert and worthless. Another point I wish to call attention to is in regard to the reputed power of the extract of cotton root for producing abortions. It will be remembered that two physicians writing from the South, say that *large amounts* of the fresh decoction will undoubtedly produce abortion. In consequence of the

alcohol in a fluid extract, it will be impossible to administer excessive quantities of this preparation. One report mentions where it was given sometime in a case of conception without ill effect; in another instance it was administered to produce abortion where a lady was afflicted with contracted pelvis, and it was advisable to prevent the danger of childbirth, without effect; consequently, I feel that the fluid extract of fresh gossypium is a safe remedy to put upon the market, as I do not believe it can be given in quantities sufficiently large to warrant its use by respectable persons for criminal purposes, which is a pleasant conclusion for the manufacturers to arrive at, for it certainly is not agreeable to think we are putting a medicine upon the market that will further this most terrible and I fear too common crime.

*"To which Principle."*—I have experimented considerably in regard to this point, but am unable to report that I have discovered anything worth mentioning. Owing to the fact already stated that disintegration of the fluid extract occurs unexpectedly and only occasionally, I find it a difficult matter to pursue an investigation or to experiment upon the subject with any degree of satisfaction. I am inclined to differ with some who have written upon the subject, I believe the solidification results from a re-arrangement of the constituents of the extract, and does not result from pectic fermentation. The solidified portion does not behave as jellified fluid extract of senega, chionanthus v. and pectin itself. I believe it will eventually be demonstrated that the trouble arises from the action of soluble astringent principles upon other soluble constituents of the bark, resulting in the formation of new substances of an insoluble character. I am strengthened in this belief by observing that the extracts I have met with which occasionally solidify, are senega, chionanthus v., cinnamon, gossypium, geranium mac., sumac, and kino.

The first two named contain much pectin and depend upon pectic fermentation for their solidification; the others are rich in vegetable astringents, and after the change the liquid filtered from the solid portion is found almost free from astringency; the solid matter resembles very much, as far as appearances indicate, impure freshly precipitated tannate of hydrastia, berberin, and other organic tannates. True it is, that cinchona bark, nutgalls, and some other vegetable substances, contain an abundance of vegetable astringents, and that extracts prepared from them will remain permanent, but may it not be that while rich in astringency, they are devoid of the other principle? May they not lack the extractive substance necessary to combine with the astringent principle for the production of the insoluble material?

*"To what Influence."*—Fluid extract of gossypium, cinnamon, chionanthus, geranium mac., senega, and sumac leaves, will occasionally solidify when made of dilute alcohol. I have never known either of them to do so if alcohol only is used, consequently, I feel that I may say water is the mischief maker. Either by dissolving some material insoluble in alcohol, or by influencing the decomposition of substances soluble in both menstrua, it undoubtedly produces the objectionable alterations. But we are not at liberty to increase the alcoholic strength of fluid extracts that are official for fear serious consequences may result, and it will be ob-

served my formula for fluid extract of *dry gossypium* bark adds glycerine instead of water, leaving the alcoholic strength of the preparation about that of the U. S. P.

It was reported to me that in a certain city, retail druggists complain that fluid extract of *gossypium* invariably gelatinizes in a few weeks after being placed upon the shelf, and I infer from this that the city named is a temperance place, and manufacturers of extracts are endeavoring to assist the good cause by lessening the amount of intoxicating liquor in the extracts they manufacture.

In conclusion, allow me to extend my sincere thanks to physicians who have aided me with experiments and reports, to Wallace Brothers for their donation of bark, and to Prof. J. M. Scudder for the kind notice he gave the work in his Journal.

---

#### *Art. CIII.—Cyanosis with Retarded Menstruation.*

Sept. 14, was called to see Mrs. R., aged 17. Cyanotic from birth, evidenced by blueness of tissues, bulbous fingers and toes, peculiar dull blowing sound of heart, no valvular sound could be detected. Complained of pain in lumbar region extending to front, some headache and fever, *profuse* colorless discharge from vagina. With the exception of a slight similar discharge on two occasions had never menstruated. As she was married Aug. 8th, I concluded the excitement which the sexual system had undergone was tending to bring on the menstrual flow.

Prescribed the special sedatives with macrotys and chlorate of potash; the discharge being very offensive, ordered hot sitz bath, mustard foot bath, with injection twice daily of Labarraque's solution, *ʒiv.* to warm water, Oj.

She vomited occasionally, the matter ejected being very yellow and offensive. The fever abated, and in three or four days the temperature became normal. Her condition remaining unchanged, I left medicines and directed them to notify me of any unfavorable symptoms.

Sept. 23d, was called, and found on inquiry, and examination of the bladder, that the secretion of urine was almost entirely suspended. She was dull and stupid, evidently suffering from uremic poisoning. Applied cups over the kidneys, followed by hot sitz bath, hot fomentations, etc. No fever, nor increase of temperature, vomiting still continued. In a short time the kidneys began to secrete more urine, soon increasing to the normal amount, and these symptoms faded away.

Sept. 26, called Dr. C., in council, and as he doubted the secretion coming from the uterus, made an examination with speculum and uterine sound. Found the uterus of normal size, and in position, and the evident source of the secretion.

Sept. 30th, very dark spots resembling ecchymomæ began to make their appearance on the face and neck, gradually extending over nearly the entire surface of the body. They were slightly tender to the touch and she complained of their itching and burning. The redness could be effaced by pressure, but would immediately return.

No particular change until Oct. 3d, when the discharge took on the appearance of the healthy menstrual flow, except that it was very profuse. Immediately following this the purple spots began to disappear and the surface resumed its usual appearance. The acrid discharge had, however, caused some inflammation of the labia which extended to the urethra, and it became necessary to use the catheter. I made no effort to arrest the discharge until Oct. 6, but found all my efforts unavailing, styptics and astringents seeming to have no effect; and the evening of Oct. 7th, she died of exhaustion.

The friends would not allow a post mortem. Was the profuse watery discharge, continuing about three weeks, a *true secretion* of the uterus, and the discoloration of the surface that disappeared on the appearance of the regular discharge, an attempt of nature at "vicarious menstruation"? Her mother tells me that Mrs. R., has not been healthy from birth, being troubled with terrible headache and lividity of face on the least unusual exertion. Also says the beating of her heart was at times audible at a distance of several feet. I examined very carefully for any tumor that might be connected with, and discharging its contents through the uterus, but could not detect any.

**Art. CIV.—*A Woman on Women Doctors.* By LORETTA MAST, M. D., Ukiah, Mendocino County, California.**

By inserting that article "A Woman on Women Doctors," in your August number, you seem to invite controversy. I wish to answer in a few lines, not to *argue*, but to state a few *facts*. Evidently, Mrs. Lynn Litton never lived in the West of the United States. My practice here is mostly "rough country practice." Her supposition of a lady riding over a bleak moor on a dark night, and comment is impossible, brought the smile to my face. A moor, with plenty of flat ground to fall on, in case of being dismounted from the horse, would not be so bad. But I am called to ride around mountain ridges, on trails, oft'times fallen timber intercepting the path, and none but the surest footed animals to be relied upon; that, too, in a furious rain storm, such as we have in Winter.

I was called to a surgical case last Winter, and rode fourteen miles over just such ground as I have been describing, and in a storm. However, I had a boy escort, who rode ahead, and I followed. When I arrived, I found a lady *neighbor* who had come by herself nine miles, and she only an ordinary woman. But I am excused for taking an escort, on the ground, "she was raised in the East." The "ordinary woman" is considered very helpless here, if she can not get on a horse and ride nine or ten miles on a mountain trail. Even I (and I am very radical) am surprised to see what women can do when it is expected of them, or, in other words, when they are "raised to it."

As to the women taking all the easy work of the profession, and leaving to men all the hard work, this is not a question confined to sex. Do we not all know that there are in our cities a horde of male practitioners, who depend entirely upon the "easier forms of practice," and never have or take a case involving great skill or responsibility? Is every man who

has "Surgeon" on his card able to perform all the operations that Prof. Howe does? Then, must he or his class forego all the easier forms of practice, because the average practitioner has appropriated them? When you would purge from the profession the average practitioner, seeking easy work, apply the rule to males as well as to females.

---

**Art. CV.—Legalized Prostitution.** By PROF. A. J. HOWE, M. D., Cincinnati, Ohio.

The subject of legalizing prostitution in the cities of the "First Class" in America is beginning to attract considerable attention; and there are not wanting able advocates of the European system of "regulation" in regard to prostitutes. The topic is indelicate and distasteful—one that is tabooed in the unprofessional prints, and in mixed society, yet as it pertains to the spread of venereal diseases and the public health, it is entirely legitimate in a medical journal. In order to have a basis for comments upon "Tolerated or Public Prostitution," I will quote from a translation made from the Prussian Code, which appertains to Berlin. Whenever any one in that city desires to open a house for the reception of prostitutes, application is made at the office of the authorized "commission" for a copy of the "Request," which is to be filled up, signed, and returned to the office—the document embraces the following important regulations:

"I request from Commission for Moral Police, permission to let in No. —, in —street, furnished rooms to women who live by prostitution. If this request be granted, I hereby bind myself to fulfill the following conditions:

"1. I shall consider this permission as a concession which the commission can at any moment withdraw or modify, without my having the right to inquire their reasons for so doing.

"2. I will not admit any woman into this house without having received, for her in particular, the official form of permission from the commission; nor will I allow any other persons excepting the women for whom I have received such permission to live therein; and if I act otherwise I shall pay to the commission 5*l*.

"3. I promise not to have any other than women servants, and not to employ as a servant any one who has not attained forty years of age, under a fine of 7*l*. 10*s*.

"4. I promise not to allow any woman or any man under twenty years of age to enter this house, under a fine of 7*l*. 10*s*.

"5. In the aforesaid house there shall be no noise or tumult whereby the neighborhood may be inconvenienced; and if I have given rise to such noise, or if it appears that, in the event of its being caused by others, I did not do everything in my power to prevent the same, I shall pay a fine of from 15*s*. to 15*l*., besides remunerating in full for all damages that may have been made during the tumult.

"6. I promise not to keep any spirituous drinks in this house, nor to allow any to be brought into it, nor to suffer any dancing or music therein, under a fine of from 15*s*. to 7*l*. 10*s*.

"7. I promise that the street door shall be kept shut during the day and night, and if it be at any time found open I will pay a fine of 15*s*. to 30*s*.

"8. I promise that the windows shall be left and retained in the condition which is ordered and approved of by the commission; and I will pay a fine of from 15*s*. to 30*s*. for every arbitrary alteration or neglect of these arrangements.

"9. I promise not to make any alteration in the interior or exterior of this house, without previously acquainting the commission and obtaining their permission to make it, under a fine of 15s. to 7l. 10s.

"10. I promise that none of the women who live in this house shall appear at the street-door, nor in any public garden, or any other place of public amusement, nor in any dancing-rooms, nor public walk, and if one or more of them are seen in any of these places, whether they be there with or without my knowledge, I will pay a fine of 15s. to 30s.

"11. I promise that none of these women shall go on a journey out of the city, or on any party of pleasure, without having previously obtained the permission of the commission, and its being made as they direct; under a fine of 15s. to 7l. 10s.

"12. I engage, out of the agreement that is made between me and these women, to provide them with lodging, board, attendance, and clothing, all of which shall be subject to the inspection of the commission, whom I will inform of all changes made in these respects; under a fine of 15s. to 60s.

"13. I promise to have a list of prices printed, a copy of which I will give the commission; and in case of my demanding or receiving more than is therein stated, I will pay a fine of 15s. to 60s.

"14. I will not allow any of these women to incur debt for more than three pounds, under a fine of 30s. to 60s.

"15. I promise not to use any bodily punishment with these women, nor to confine nor use any violence towards them, under a fine of from 15s. to 7l. 10s.

"16. I promise not to allow any one to enter this house from one o'clock at midnight until the morning, under a fine of 15s. to 60s.

"17. I promise that the women shall live in all respects with, and have every right contained in, the 'Book of Regulations'; that they shall preserve the greatest personal cleanliness, and if any of them become sick, I will immediately inform the attending physician, as well as the commission; I will especially direct my attention to the discovery of syphilis disease and of scabies in these women; and, should either come to my knowledge, I will immediately inform the attending physician and the commission; further, I will not in such a case allow any one to visit the woman until she be examined by the physician or removed to a hospital. For any transgression of these points I will pay a fine of from 15s. to 15l. in addition to which, I will defray the expenses of any one who may have thereby become diseased.

"18. I shall inform the commission if any of these women become pregnant; and if I omit to do so, I will pay a fine of from 15l. to 30l.

"19. I promise that the examination of the women and of the house can be made at any hour of the day or night by the commission, the attending physician, or police officers; that I will in every way facilitate the making of these examinations, and provide for the physician the prescribed instruments, vessels, etc. For every omission, or even neglect in these respects, I will pay a fine of 15s. to 60s.

"20. I promise to obtain from each of the women living in this house, with the exception of servants, from six to nine shillings per month, and pay the amount half-yearly to the chief fund of the police; should any woman refuse or neglect to pay this monthly subscription, I engage to pay the same, considering her as my debtor.

"21. This is to the effect, that the monthly subscription entitles the women, when affected with syphilis, to free treatment and support in hospital, and that the owner of the house has no claim on this money.

"22. I promise that, in case any of these women are ill of any other than venereal disease, if they become pregnant, etc., I will provide them with medical attendance and support, or the commission can deduct the expenses from the security money.

"23. On the granting of this request I will pay once and forever, to the chief fund of the police, the sum of fifteen pounds, and will not under

any circumstances demand that this money be returned to me; with this one exception that, within a half-year from the granting of this request, I be obliged from unforeseen and unavoidable circumstances to give up the permission.

"24. In order to secure the payment of the fines, I promise, within three days from the granting of this request, to deposit in the chief fund of the police the sum of forty-five pounds, as security, which is to be returned on the conditions contained in clause number 23, or in the event of my giving up this house and acting towards the women as directed, of which I will give the commission at least three weeks' notice. For this I shall not seek to have this 45*l.* returned to me, if I retain one or more of these women, and for them I shall submit to the regulations of the commission.

"25. All the above mentioned fines, etc., are completely independent of the legal punishments for offences and crimes; I am amenable to the common laws against secret prostitution, against public prostitution, imposition, secret delivery, the production of abortion, etc.; and should I, for any offence or crime, suffer legal punishment, I shall consider it as just, if the commission withdraw their permission. Further, if I thrice willfully break the regulations of this contract, or act in direct opposition to the orders of the commission, they have the right not only to withdraw this permission, but I hereby forfeit all claim to the security money, which is, in that case, to be used for the purposes of inspection and cure.

"26. I promise to submit to the opinion of the commission on all points connected with this contract, and in case that I consider myself aggrieved by that decision, I submit to the jurisdiction of the chief of police, whose judgment shall be final; if after that I have recourse to the civil law, I thereby lose the right of retaining the permission.

"27. The commission has the right of receiving all fines incurred under the regulations of this contract, without having recourse to the usual forms of law; and I engage to raise the security money to its original amount within three days after it has been reduced by the deduction from it of the fines.

"Finally, in the event of my failing to fulfill the last condition, I hereby forfeit all claim to the forty-five pounds security."

It will be seen by the above "regulations," that a woman who engages in prostitution is practically a prisoner, with no hope of escape as long as she is in debt to her landlord or boarding master; and the fact is recognized by the "Commission" that the inmate of a brothel rarely keeps out or gets out of debt. It is for the interest of the procurer to keep those he shelters in debt to him.

If a woman at the beginning of such a course is not utterly degraded, she will soon become so; and although provision is left open for reform or abandonment of the disgusting career, statistics show that a beggarly few ever repent and turn from their wicked ways. She is quizzed, inspected, and pronounced clean or unclean by unfeeling men, as if she was a beast going to the slaughter, she is treated as an article of merchandise, and the law makes her such.

How corrupting the nature of the management of such an evil! The favorite mistress of an "official" can escape the "registry" and go where she pleases; and if her "lord" provokes her jealousies, and he be tired of her, all he has to do is to pronounce her a common prostitute, and have her sent to a registered brothel. The examining physicians for a bribe will mark as "healthy" those who are magazines of contamination. A plethoric "commission" goes where it pleases and does what it pleases, and all is free. American cities which are governed by the lowest of

political aspirants are now so corrupt in their management that the best men begin to despair of the Republic, yet what would they become if the debasing influence of licensed or legalized prostitution should be added to the list of enormities?

If laws are to be specially enacted to control prostitution, let them bear equally upon men and women, or the most leniently upon females as they have the poorest chance in the world, and frequently do wrong through dire necessity and not from the love of evil. If a man desires to enter a house of prostitution, let his name, abode, occupation, and personal description be taken, so that his habits may be known. Give him no opportunity to practice vice, yet pretend to be virtuous. The visitor of a brothel should pay a license for the privilege; and not have the poor woman endure so considerable a part of the expense.

To license prostitution is to advertise to every amorous youth that the system is a public necessity; and that the State authorizes the degradation of woman! The heathen, so far as morals are concerned, can cry "shame" to Christians, or to those who claim to be such; and if prostitution be a national sin, "it will need the tears of all the angels to blot the record out."

A woman wishing to enter a brothel in Berlin must apply to the "Commission," with proof of having arrived at the age of twenty; she must be examined, and if found healthy, her name, age, residence, birth-place, and personal appearance are noted, so that she can be readily identified. She then receives a book of "regulations," so that she can have no excuse for violation of the rules of the commission on the ground of ignorance. The price for entertaining for a few minutes, a half hour, or longer, is fixed by law, therefore she has no apology for overcharge; and if she cheats a customer she may be arrested for swindling. However, it is vouchsafed to her that she may receive a present, if the gift be *unasked*. It is a wonder she is not compelled to pay over three-quarters of this to the "commission," or to the hard-fisted stew-holder.

Irregular sexual intercourse has always taken place; and it is highly probable that it will always continue, no matter how severe the statutes and penalties against it; and the argument of those who would legalize the vice is that it can be *regulated* if it can not be *suppressed*. But, is it not one of those sly crimes which does less harm in secret, than when published to the world? Is it not pitch that the State can not handle without becoming defiled thereby? Is it not filth in the social stream that is all the more offensive the more it is stirred?

**Art. CVI.—*A Sudden and Grateful Relief.* By B. C. SHERMAN, M. D.**

A few weeks ago, a young man was brought to my office, one of whose hands, over nearly the entire surface, had been burned to a crisp, by an accident with gasoline. The hand was enveloped in a wet rag, but his agony was of the most intense kind, as the burn was deep. For the want of a mixture of white lead and linseed oil, I made quickly a lotion of sugar lead, liquor bismuth, and opium. In this the whole hand was soon

enveloped. I now dissolved twenty grains of hydrate chloral in one-half tumbler of water, and directed it taken at a draught.

The torture he had now suffered for upward of an hour before arriving at the office, began to subside, he soon ceased crying, shortly after which he looked up with a smile and said, "You make drunk." I now directed him to lie down on the settee, where he soon fell into a pleasant sleep. Stretching the hand on a chair, I renewed the wetting occasionally, and he slept about an hour and a half. When he awoke, the hand was free from pain. I now gave him the remnant of the lotion with proper directions, and allowed him to return to his lodgings. The hand made a rapid and good recovery. Here I must observe, the advantages of sleep in recovering the exhausted nervous energies, was not the least of the benefits of the chloral. In that condition of repose, the equilibrium is restored, which the nerve centers are able to maintain, and reparation is further undisturbed.

---

*Art. OVII.—Gleanings.* By PROF. J. KING, M. D., Cincinnati, O.

**LIQUID GLUE.**—Bruise three parts of good glue, and allow it to macerate in eight parts of soft water; after several hours, add one-half part of hydrochloric acid, and three-fourths part of sulphate of zinc; then allow it to digest for ten or twelve hours at a temperature of from 167° to 194° F. The solution remains fluid. Allow it to settle, and use it for gluing wood, paste-board, cloth, and even glass, porcelain, etc.—*Knapp*.

**CHLORAL.**—L. J. A. Gontier states that chloral is preferable to other agents in traumatic tetanus, subacute or chronic, but not in acute tetanus; it may be advantageously associated with tonics, diffusible stimulants, etc. Dr. Pichler uses it internally, in connection with subcutaneous injections, in hepatic colic, and believes the same means would be advantageous in nephritic colic. E. Bouchut has found hydrate of chloral useful in cerebral rheumatism or rheumatic meningitis in doses of twenty-five or thirty-five grains, every three or four hours. Giraldez advises its internal use to overcome sea-sickness, in the following dose: Chloral, twenty-three grains; syrup of gooseberries, two fluid ounces; distilled water, one and one-half fluid ounces; oil of mint, two drops; mix. If necessary, Obet states that the dose may be repeated by tablespoonfuls, on the next day or two, repeated every hour; keeping quite still, and not having stated hours for meals. Pregnant women will thus avoid all danger of abortion. Constipation must be combatted, and if much thirst is present, it is best overcome by tablespoonful doses of iced champagne, every half hour. Tidd, Curtis Smith, and others, have found chloral useful in retention of urine, as it overcomes the muscular spasm which occasions the retention. Chloral, eight grammes, are dissolved in water sixty grammes; of which solution, tablespoonful doses are given, at first, every half hour, and then every two hours. M. Giastaglio considers the local application of chloral as a rapid method of healing ulcers of the cervix uteri accompanying catarrh of the uterus, effecting cures in from twelve to twenty days. M. Crequy has found this agent of value in anal fissure; tents, moistened in a glycerin solution of chloral, at the thirtieth, are applied two or three

times, upon the fissured parts. He has also found nasal injections of a solution of chloral in distilled water, at the 125th, to effect prompt cures in osena, where injections of many other agents had failed. Marcsee has found the local application of chloral very useful as a disinfectant in traumatic surfaces, fistulous canals, suppurating cavities, etc. One or two parts of chloral dissolved in one hundred parts of water or glycerin. M. Delieux states that chloral is administered in too large doses; he never exceeds two grammes in twenty-four hours, frequently he gives only fifty centigrammes. He uses the following mixture: Hydrate of chloral, one gramme; orange flower water, ninety grammes; syrup of ether, thirty grammes; mix. The dose is from one-fourth of this mixture, to the entire amount.—*Ann. de Ther.*, 1876.

**PICROTOXIN.**—This agent is extracted from *Cocculus Indicus*. It is not an alkaloid as it forms definite chemical salts with quinia, strychnia, morphia, the bases, etc., and should therefore rank with the acids. It is a poison, occasioning convulsions resembling epileptic attacks, its action being chiefly excited upon the medulla oblongata, the cerebellum, and the spinal cord; hydrate of chloral is physiologically its antagonist, unless its dose be so great as to require a toxic dose of chloral. Gubler, Planat, Dujardin-Baumetz, and others, have found it useful in labio-glossopharyngeal paralysis, epilepsy, and paralysis agitans. In the first named affection, great relief has been had from its employment in solution by subcutaneous injections, using about one-sixty-fifth of a grain of the substance; the part injected becomes indurated and somewhat swollen. In the other diseases its dose internally varies from 1-260th of a grain to 1-20th of a grain (very gradually increased).

**HYDROBROMATE OF ESERINE.**—This salt forms in slightly colored crystals, in star-like groups and fibrous-like crusts, which are very soluble in boiling distilled water, to which a little glycerin should be added to insure its preservation. The solution is nearly colorless, and possesses the property of contracting the pupils. Most of the eserine salts are uncrystallizable and very hygrometric; the hydrobromate is crystalline, can be preserved in a moist atmosphere, is perfectly soluble in water, and gives a neutral solution. (*Jour de Pharm.*) Bouchut advises eserine or its sulphate in chorea; it is to be used by subcutaneous injections, in solution; the amount of the salt used for an injection being from three to five milligrammes, which may be repeated every three or four hours, or as soon as its action has become exhausted. M. Cadet de Gassicourt has tried this method in the hospital of St. Eugenia, without the favorable results anticipated. Further testings are required.—*Ann. Ther.*

**ARTIFICIAL WINE.**—Manufactured wines are frequently colored with fuchsine, salt of rosaniline, the poisonous character of which has been for a long time demonstrated by careful experiments. Wines thus colored may be detected as follows: Into a white glass vial capable of holding four and one-half fluid ounces place thirteen and one-half fluid drachms of the suspected wine; at first, treat it with two and one-half fluid drachms of subacetate of lead, and then with five fluid drachms of amylic alcohol.

If, after having actively shaken this mixture, the amylic alcohol separates colorless, no fuchsine is present; on the contrary, if it presents a red tint, this proves that the wine has had some of this poisonous matter added to it. The lead-salt precipitates the coloring matter of wine, but does not precipitate fuchsine; amylic alcohol dissolves both, but has no action upon the œnoline when combined with the lead.—*Jaillard. Repert. de pharm.*

---

**BRONCHITIS.**—In catarrhal bronchitis with emphysema, of old persons, accompanied with an extreme difficulty of expectoration, M. Siderey employs the following, which appears to arouse the bronchi and lungs, and render expectoration more easy: Take sulphate of strychnia, three-fourths grain; simple syrup, thirteen and one-half fluid ounces; mix. The dose is from two to four teaspoonfuls a day.—*Union Med.*

---

**PERTUSSIS.**—A solution of Valerianate of Caffein, in the quantity of about one and one-half grains to the dessert spoonful of water or syrup, and taken in doses of a dessert spoonful repeated three or four times a day, has been found promptly efficacious in pertussis. (*M. Labadie-Lagrave.*) M. Ortille has found inhalations of phenic acid to considerably shorten the duration of pertussis, so that it seldom exceeds three or four weeks. He has the patient to inhale the vapor from a flask held at the mouth during the cough, at the time of the very deep and energetic inspiration following the repeated expirations. During the night a small dish of phenic acid or benzine is placed in the chamber, near the bed. Erethism of the nervous system is combated by hyosciamus, belladonna, cicuta, or other antispasmodics. When the bronchial secretion is profuse, pulv. ipecacuanha is given to facilitate its expulsion, immediately after which the phenic acid is to be inhaled to act upon the first cause of the disease, fungi. The strength of the patient to be sustained by an appropriate tonic and nutritious regimen, promenading in the open air, and other favorable hygienic measures.—*Abeille Med.*, 1875.

---

**ECLAMPSIA.**—M. Tarnier has successfully used an exclusive milk diet in the treatment of albuminaria with pregnant women. On the first day, one quart of milk, and two meals of broth, with onion, and occasionally a little hashed raw meat; on the second day, two quarts of milk, and one meal; on the third day, three quarts of milk, and half a meal; on the fourth and following days, four quarts, or milk at discretion, without any other food or drink. In from eight to fifteen days from the commencement of this treatment, the albuminaria has greatly diminished or even been cured. And from the possible cure of the albuminaria, he believes this treatment will be found a preventive of eclampsia. Among the numerous cases of this kind which he has treated for several years past, at the Maternity Hospital he has had but one failure, and this woman, who died some time after her accouchement, had Bright's disease, independent of and previous to her pregnancy. Eclampsia may exist without albuminaria, but such cases are extremely rare. In all the cases in which the albumen disappeared from the urine, or rapidly diminished, not one suffered from puerperal convulsions. The urine should be frequently ex-

amined, and the milk regimen be immediately commenced whenever albumen is detected in this fluid. The latter part of the milking is preferred; all exposures to cold must be avoided.

**TÆNIA.**—Pumpkin seeds are very effectual in removing tape worm; but in order to be successful they must be fresh and uninjured. When to be used, the seeds must be carefully hulled, removing only the testa or corneous envelope, and not disturbing the endopleura or tegument as well as the embryo, which appear to contain all the active principle of the seed. The hulled seed are then to be pounded to a paste, and may be associated with any excipient, as water, milk, honey, etc. The seeds must be thus prepared every time just previous to taking a dose. The following prescriptions have been successful: 1. Hulled pumpkin seeds, ten drachms; sugar, nine drachms; water, five fluid ounces; oleo-resinous extract of male fern, 60 to 120 grains; mix thoroughly for a dose. 2. Hulled pumpkin seeds, one and one-half to two ounces; sugar, five to seven drachms; water, five fluid ounces; mix, for a dose.—*Ann. de Therap.*

---

**Art. CVIII.—What was it?** By J. C. BURLINGTON, M. D., Strasburg, Illinois.

May 22d, 11.15 P. M., called to see Mr. N., aged 23. Patient had been obstinately constipated for seven days, the last twenty-four hours in the most excruciating pain. Pulse soft, small and weak, and thirty-five beats per minute. Two inches to the right of the median line and just above the inguinal ring, a soft protuberance existed, near the size of a hen's egg. Skin hot with clammy perspiration and cold extremities.

Prescribed: R Pulv. opii, grs. one-fourth; every two hours. R Pulv. rhei, grs. one-half; alternate with opium. Over the tumor I had placed a sponge wet in hot tincture of lobelia, and fastened with a bandage so as to form a compress, and to be changed every thirty minutes through the night. Extremities sponged with hot water and capsicum, with considerable friction. Returned home, promising to return at 9 o'clock next morning, expecting to see patient ready to "pass in his checks." But to my surprise at 7.30 A. M., the patient came around, saying, "he guessed he would need nothing more." Has not been troubled with it since.

---

## PERISCOPE.

**Doctors Differ.** By MR. J. G. BEANEY, F. R. C. S.

If any of my readers have lived in Kennaquhair they will be able to bear me out in the assertion that the race of anonymous rascals has not altogether died out in the old country. I remember one who eked out his scanty earnings as a medical man by writing for the country newspaper. He was a splenetic little Irishman, with a fondness for private theatricals and a great liking for pretty actresses. Not that I blame him for that; for I dare say most of us have been taken, at some time or other of our lives, with a violent fancy for a winning face upon the stage. His pro-

ice lay principally in that direction, and in what are technically called *ost mortems*. He was a great authority on medical ethics. Indeed, he was nothing if not ethically or aesthetically critical; and yet this worthy, who was so ready to lampoon other practitioners whose ethics happened to differ from his own, I have known to go from the dissecting-room straight to the sick-room of a lady at one of the most critical periods of her life, regardless of the fact that it was almost certain death to his patient to do so. May we not well exclaim, with Burns—

“O wad some power the giftie gie us,  
To see oursels as ithers see us.”

Another practitioner in Kennaquhair, who had got so much in the habit of “sir”-ing everybody that he used to say “sir” to the matron of the local hospital, actually put an iron ring on the fractured patella of a roman’s leg for the purpose of keeping the limb in position. The result was just what might have been expected; gangrene set in, and the leg had to be amputated. On another occasion, he operated on a female patient for ovarian tumor, and found he had wholly mistaken the symptoms; but this was not so bad as a similar operation performed for a similar malady by another gentleman on a lady who proved to be on the eve of making an addition to the population of Kennaquhair. Another instance occurs on my recollection of what was facetiously called a case of “dry tapping,” in the hospital at Kennaquhair; the poor sufferer, as it turned out, not being afflicted with dropsy, but with tumor. I remember, also, how a surgeon in extensive practice at that place mistook an aneurism in the femoral space for an abscess, plunged his knife into it, and out spouted a torrent of arterial blood. The result was that the leg had to be amputated, and the patient was fortunate to escape with her life. Indeed, such instances in surgical practice are common enough. I myself know that a gentleman who claims considerable consideration as a *practical surgeon*, cut, cauterized, and tormented, for twelve months, an unlucky constable, finally recommending his discharge from the force as an “incurable,” while another surgeon succeeded in curing the man by means of one operation. As Falstaff says to Mr. Ford in the “Merry Wives of Windsor,” “What do you think of that, Master Brook?” It is a well known fact that Cheselden, one of the most celebrated anatomists of the 17th century, who was a Fellow of the Royal Society, and the friend of Pope, frequently cut for stone in the bladder and found none; so easy is it for even of the highest eminence in the profession to err in their diagnoses of certain cases.

Whilst in England, the late Dr. Tracy sent a gossiping letter to the local surgical journal of Kennaquhair, about a surgical calamity that befall one of England’s grandest operators, exclaiming, “If the like had befallen anyone at Kennaquhair, what would Mrs. Grundy say?” Who is Kennaquhair’s meddling Dame Grundy? Is Dr. Cool she? Or, Dr. Farquhar? Or, Dr. Yield? Or, is the *Daily Thunderer* that querulous old crone? If one of our “*practical surgeons*” were to play the role of the “Green Bird,” that in the fable tells everything we wish to know, and eager to mother well her brood, wings her spiritual flight across the

Stygian ford, eager to interview the departed—would not the gruff spirit of the burly doctor give him "fits" for answer?

There was the well known instance of the operation for stone by Mr. Bransby Cooper, the celebrated nephew of the still more celebrated Sir Astley, which made so much noise in England in 1828, owing to the trial for libel to which it gave rise. Mr. Cooper was hospital surgeon at Guy's, and on the 18th of March, 1828, with the assistance of Mr. Callaway, the only member of the surgical staff present, operated on an in-patient for stone. It was brought away, although with great difficulty, and the sufferer succumbed about twenty-nine hours afterwards. A savage, malicious report of the case, written by a surgeon named Lambert, appeared in the *Lancet*, which had then but newly started, and went in for slashing writing and for personal lampoons, and the editor, Mr. Wakley, was prosecuted for libel. The trial excited great interest on account of the celebrity of the plaintiff, and of the eminence of the counsel retained on both sides. Mr. Bransby Cooper obtained a verdict, but the damages awarded were only £100, a most inadequate compensation to the plaintiff for the injury he had sustained by the calumnious and cowardly article in the *Lancet*. It is gratifying to add that the writer of it did not go unpunished. Lambert, who was a Fellow of the Medical Society of London, was expelled from it by an almost unanimous vote; and he was also thrust out of the Westminster Medical Society by an overwhelming majority. He was likewise expelled from the Borough hospitals, and his connection with journalism then ceased. He continued to carry on practice as a surgeon in Walworth for some little time afterwards, but the shock which these events gave killed him. So our great dramatist was right when he said—

"The gods are just, and of our pleasant vices  
Make whips to scourge us."

And thus you see how "doctors differ." Sometimes their discussions assume an aspect that borders on the grotesque. At one time, when erysipelas was almost epidemic, both amongst the medical and surgical patients of University College Hospital, in London, there were four medical practitioners of the highest eminence and skill treating the disease in four different and distinct ways! "Elliotson was painting the face with a strong solution of nitrate of silver; Anthony Todd Thomson was smearing the surface over with mercurial ointment; Samuel Cooper, with his usual caution, modified the topical treatment by attempting to isolate the disease by drawing lines of lunar caustic round the margins of the efflorescence, to prevent it spreading beyond them, while Liston confined himself to the older mode of treating the disease locally by means of fomentations and the application of flour." Of course, each of these distinguished men considered the other three to be wholly in the wrong. Liston, who was in the habit of saying very curt and bitter things, was very rough on Elliotson for adopting a mode of treatment which, as he said, "turned a white man into a nigger," as well as Cooper's method of "drawing lines horizontally, perpendicularly, and slantingdicularly over a patient's body. It is a curious fact also, as bearing on the subject of my lecture, that Elliotson and Liston were at daggers-drawn for three or

four years. Both were immense favorites with the pupils in the hospitals, and neither of them could "bear a brother near the throne." Probably their moral education had been neglected in their youth, and they had never learned those goody-goody hymns by Dr. Watts in which you and I were instructed, that—

"Our little hands were never made  
To scratch each others' eyes,  
Nor in the gutter should we sit  
To fabricate mud pies."

The enmity of these famous men continued until Elliotson was forced to resign his appointment on account of his craze on the subject of animal magnetism. I have heard a rumor to the effect that his "perturbed spirit" is occasionally heard of as "knocking about" certain consultation rooms in this city; but I do not believe it. Such things might occur in Kennaquhair, but I feel sure they could not occur in Melbourne; where we are all so clever that we do not require any ghostly instruction, and where we are all so friendly that if a practitioner should stand in need of information on a special subject, the whole of the faculty would be eagerly competing for the pleasure of furnishing it. Nobody here makes mistakes. Nobody stabs a rival practitioner in the dark. Nobody is jealous of a brother surgeon's celebrity and prosperity. Nobody goes crawling about the place whispering innuendoes which he dare not put in the form of direct allegations. Nobody writes anonymous letters to the newspapers, under cover of which the cowardly slanderer gratifies his own malevolence, and endeavors to defame a more successful operator.—*From a Lecture before the Melbourne Athenæum.*

---

***How to Cure a Cold in the Head.*** By DR. DAVID FERRIER, Assistant Physician to King's College Hospital.

We all know the miseries of a cold in the head, and the inconvenience arising from it. Dr. Ferrier having succeeded in arresting one with which he was threatened, by the treatment recommended, brings it under the notice of the profession.

The symptoms being those of acute catarrh of the nasal mucous membrane, the treatment which seemed to be most likely to succeed was that which I have always found most efficacious in acute catarrh of the gastric mucous membranes. In the acute catarrh of alcoholism, accompanied with profuse secretion of mucus, which is often vomited up in large quantities almost without effort, as well as in the more chronic forms of gastric catarrh, bismuth alone, or in combination with morphia, acts almost like a specific.

On the same principle the topical application of bismuth to the nasal mucous membrane seemed to me the plan most likely to be followed by beneficial results. I do not know whether the plan is absolutely original, but I am not aware of its having been adopted previously. This, however, is of no importance compared with the question of its efficacy. On the evening in question I began to suffer with the symptoms of cold in the head—irritation of the nostrils, sneezing, watering of the eyes, and commencing flow of the mucous secretion. Having some trisnitrate of

bismuth at hand, I took repeated pinches of it in the form of snuff, inhaling it strongly, so as to carry it well into the interior of the nostrils. In a short time the tickling in the nostrils and sneezing ceased; next morning all traces of coryza had completely disappeared.

Bismuth alone, therefore, proved quite successful, but it is better in combination with the ingredients in the following formula. Bismuth by itself is rather heavy, and not easily inhaled, and it is, moreover, necessary that it should form a coating on the mucous membrane. It is, therefore, advisable to combine it with pulv. acaciæ, which renders the bulk larger and the powder more easily inhaled, while the secretion of the nostrils causes the formation of an adherent mucilaginous coating, of itself a great sedative of an irritated surface. The sedative effect is greatly strengthened by the addition of a small quantity of hydrochlorate of morphia, which speedily allays the feeling of irritation, and aids in putting a stop to the reflex secretion of tears.

The formula which I find on the whole the most suitable combination of the ingredients of the snuff is as follows: Hydrochlorate of morphia, two grains; acacia powder, two drachms; trisnitrate of bismuth, six drachms. As this is neither an errhine nor a sternutatory, but rather the opposite, it may be termed an anti-errhine or anti-sternutatory powder. Of this powder one-quarter to one-half may be taken as snuff in the course of the twenty-four hours. The inhalations ought to be commenced as soon as the symptoms of coryza begin to show themselves, and should be used frequently at first, so as to keep the interior of the nostrils constantly well coated. Each time the nostrils are cleared another pinch should be taken. It may be taken in the ordinary manner from between the thumb and fore-finger, but a much more efficacious and less wasteful method is to use a small gutter of paper, or a "snuff-spoon," placing it just within the nostril and sniffing up forcibly so as to carry it well within. Some of the snuff usually finds its way into the pharynx, and acts as a good topical application there, should there be also pharyngeal catarrh. The powder causes scarcely any perceptible sensation. A slight smarting may occur if the mucous membrane is much irritated and inflamed, but it rapidly disappears. After a few sniffs of the powder a susceptible amelioration of the symptoms ensues, and in the course of a few hours, the powder being inhaled from time to time, all the symptoms may have entirely disappeared.

I am writing this note cured of a cold in the head which I began to manifest in a very decided manner last night—viz., weight in the frontal sinuses, tickling of the nostrils, sneezing, watering of the eyes, and commencing flow of the nasal mucus.

I commenced taking the snuff, continuing at intervals for about two hours, thoroughly coating the interior of the nostrils with it. Next morning I found myself entirely free from catarrh. The effects in my own case have been twice so rapid and beneficial that I look with comparative indifference on future colds. In the case of others to whom I have recommended the same treatment, equally rapid and beneficial results have followed. One of my students in King's College Hospital described the effects as quite magical and unexpected, having in this way got rid of

a cold in one evening. The other day one of the officials in King's College asked me if I could do anything to check a dreadful cold in the head which he had just caught. I gave him the above prescription, asking him to note the results. A day or two after he came and told me that I had given him very marvellous snuff, as he had not taken more than one-eighth part before he had got rid of all his uneasiness and discomfort. Though I have not yet had very many opportunities of trying this method of cure, the success so far has been such as to warrant my recommending it as a rapid and efficacious treatment of nasal catarrh.—*Lancet*.

---

*A Case of Diabetes Cured by the Skim-milk Diet.* By DR. SCOTT DONKIN.

At a meeting of the Clinical Society of London, held on Dec. 10th, last, Dr. Scott Donkin brought forward a case of diabetes cured by the use of skim-milk. The patient, who was shown to the Society, was a hale, robust-looking man, forty-five years of age, a carman by trade. He had an accident three years ago, suffering a blow on the head, which laid him up for awhile. At the end of June, 1875, he had another accident; his cart coming into collision with a cab, he fell between the shafts, and was dragged some distance and bruised, but not severely injured. Soon afterwards he began to suffer from polyuria, with great debility and much thirst, but the practitioner whom he consulted did not recognize the case as one of diabetes, and sent him into the country for change of air. There, on an unrestricted diet, he grew rapidly worse, and, as the existence of diabetes was suspected, he was sent back to London. On Oct. 6th, he was first seen by Dr. Donkin, having then suffered from these symptoms for six weeks. At that time he was passing daily from twelve to fourteen pints of urine, of sp. gr. 1045, containing a quantity of sugar, which was estimated, by means of Duboscq's polarizing saccharometer, at twenty-eight grains to the ounce. There was urgent thirst, a parched mouth, dry skin, and great voracity, and the sight was impaired. There was loss of sleep from the frequent calls to micturate at night, great debility, and loss of flesh, but no other complications. The patient was at once (on Oct. 7th,) put on skim-milk diet, seven pints a day, without other food. Two days later the quantity of milk was increased to eight pints a day. The treatment was followed by a rapid diminution in the quantity of urine, and on the fifth day from its commencement only four pints and a half of urine were passed. On Oct. 14th, or seven days from the commencement, the specific gravity of the urine was 1010, and there was no sugar to be discovered in it. The health had greatly improved, the patient slept well, having no calls to pass urine at night. Nine pints of milk were now allowed per diem, a part being given as curd. On Nov. 5th, three-quarters of a pound of mutton chop was added to the diet, the skim-milk being reduced to six pints. On the 12th, the specific gravity of the urine was 1012, and he was allowed an additional chop. On Nov. 18th, or six weeks from the commencement of the treatment, the patient's health was restored, and there was no sugar in the urine, and he was allowed some fish. On the 21st, he resumed his occupation, which he has

since continued. On Dec. 3d, he was seen again; he came then free from disease. On the 10th, his urine was of sp. gr. 1017; no sugar could be discovered with Fehling's solution, and the quantity was from four pints to four pints and a half per diem. He was now allowed some tea and a little pale brandy. In remarking on the case, Dr. Donkin observed that some might be inclined to regard it as one of traumatic origin, but this was not his opinion. The great quantity of sugar passed and the rapid emaciation showed the case to be a very severe one. It was a fact of great importance that the copious formation of sugar was arrested under a diet which contained eight ounces of milk sugar per diem, that being the estimated quantity in the amount of milk taken, and it corroborated the observation which he had previously made, that lactose does not cause an increase in diabetic sugar. Dr. Donkin also gave some particulars of another case under his care—a young lady ten years of age, who for three months had been suffering from great thirst and frequent micturition. The practitioner who was consulted found the case to be one of diabetes. The specific gravity of the urine was 1040, and it contained much sugar. He ordered a meat diet and small quantities of Dover's powder. She still, however, suffered from thirst and occasional giddiness, and on Oct. 2d, she was put on a diet of skim-milk, which she continued for ten days. This was followed by a rapid fall in the specific gravity of the urine, which reached 1010 on Oct. 12th, when she came to London to consult Dr. Donkin. The same treatment was continued, and on Nov. 6th, she was seen by Sir T. Watson, who stated that the specific gravity of the urine was 1015, and it contained neither sugar nor albumen. Since that time the patient had continued well, and on Dec. 6th, the specific gravity of the urine, which had varied from 1014 to 1016, was 1023 (the quantity of urine being less than usual); the child was in good health and spirits, and the diet was being gradually altered towards an ordinary one. Dr. Donkin remarked that these cases show in a striking way the arrest of the disease by the treatment when it is applied in the early stages, before the disease has been fully established or has produced irremediable lesions. The fact that the method was so often applied only as a last resource, when all other measures have failed, must be borne in mind in estimating the value of the treatment; this was especially the case with hospital patients, who so often apply for relief when broken down and worn out by the disease, and hence the frequent failure to obtain any successful result. Dr. Coupland inquired whether the patient was of temperate habits, or was in the habit of taking malt liquors. Dr. Donkin replied that he was very temperate and moderate. Dr. Glover suggested that the urine should be examined by the secretaries in order that confirmation might be given to the remarkable facts of the case. One very striking fact in the history of the case was that the patient had actually, as he had ascertained by questioning him, lived solely on skim-milk for a month. Moreover, he was restored to perfect health. Now if any other remedy were introduced which produced half so remarkable effects, we should think it a very important addition to the pharmacopœia. The second case was even more astonishing, as the disease in old people may often be held in check for a long time by careful dieting, but in *early life*

they were usually much less amenable to treatment. At the suggestion of the chairman, Dr. Glover and Dr. Southey made an examination of the urine, and reported that it was entirely free from sugar.—*Lancet*.

***Dysentery—Discussion before the Cincinnati Academy of Medicine.***

It is possible that some of our readers may not believe what I have said about the common nosology, and the prescription for, or at, names. If there are any such, I wish to introduce them to assembled wisdom of the *regular* profession in this city of Cincinnati. Very certainly, the members of the "Academy of Medicine" regard themselves as representative men. Many of them are teachers in medical colleges; and you could not get any of them to confess that *they* fall below the standard of the profession.

It is a little funny to hear them speak of "dysentery" as if it was a real tangible thing, the same in every case; and to hear them giving favorite prescriptions for it. Their means are very meager, and they treat all cases alike, "clear out the bowels," "ipecac," in doses of from five to sixty grains of the powder; opium a favorite remedy, "hydrarg.," a little below par. It is a little rough on the "*regular*" profession, who have all the learning, but I hope they will enjoy its reproduction in an *irregular* Journal as much as you will. But to business:

"Dr. Comegys asked the members about the prevalence of dysentery during the summer, and what treatment they had found most successful.

"Dr. Kearney said, very few fatal cases had been reported at the health office.

"Dr. Comegys said, he had seen several cases in public and private practice. The cases were attended with fever, characteristic bloody mucous stools. Some cases—not much tormina or tenesmus. He had treated them mostly with ipecac, in doses of from five to thirty grains; when given in five grain doses, it was repeated every three hours; the thirty grain doses were given but twice a day, and in capsules. The first dose was preceded or accompanied by a small dose of opium, and counter-irritants applied over the stomach, to prevent emesis. The dose was sometimes rejected, in which case it was repeated. This course of treatment had proved very satisfactory.

"Dr. McKenzie asked whether it was epidemic dysentery or simply inflammatory dysentery?

"Dr. Comegys said that in one part of the city it seemed to be almost epidemic, but most of the cases he had treated were in the city hospital and were from different parts of the city.

"Dr. McKenzie asked whether anything else had been given in these cases.

"Dr. Comegys—Nothing else, except in one case, in which mass hydrarg. grs. x. was given, which produced a bilious stool, but the dysentery returned and the administration of ipecac was promptly followed by good results.

"Dr. McKenzie said, he had treated several cases of dysentery; some in the hospital while temporarily in charge of a ward. In hospital practice he has tried ipecac and has been unsuccessful with it in nearly all cases.

"Dysentery is a disease tending to recovery, and in many cases opium alone is all that is required, and when such a potent remedy is administered in combination with ipecac, we do not know how much of the good to attribute to the latter remedy.

"Dr C. P. Judkins asked Dr. McKenzie whether he used cathartics in this disease.

"Dr. McKenzie gave epsom or rochelle salts every second or third day to clear out the bowels.

"Dr. Walker said, it is important to clear the bowels of all irritating substances and then give opiates. The disease generally yields to this treatment. He has not tried the ipecac treatment.

"Dr. Stanton said he had treated two cases of dysentery with five grain doses of ipecac and half grain doses of opium, every four to six hours. The treatment has been satisfactory, but whether due to the opium or the ipecac, he was unable to say. He thought the combination better than giving either alone.

"Dr. Kempton's treatment of dysentery is, first the administration of a cathartic, after which he gives opium, gr. j., and bismuth, grs. x. to xv. He had seen good results from this course of treatment.

"Dr. Comegys thought opium alone could not be relied upon in inflammation of the mucous lining of the bowels. He does not give it for its curative effect, but to secure a tolerance of the ipecac, which he gave to produce yellow stools. In ten or twelve cases, some involving the small intestine, and some attended with much tormina and tenesmus, and in some chronic cases, he has found the ipecac treatment attended with good results.

"He has read in one of the medical journals an account of five cases successfully treated, by a physician near Philadelphia. In some of the cases as much as fifty grains were given at a single dose. The ipecac treatment is not new. It was recommended by Dr. Almy, as much as twenty years ago.

"Dr. McKenzie—although the opium is given for the purpose of securing tolerance of the ipecac, he thought much of the relief due to its administration.

"Dr. Epstein differed with Dr. McKenzie. Opium sometimes has no effect on the discharge, unless given with ipecac. He thought the good effect due to the combination.

"Dr. Walker said, irritation leads to inflammation, inflammation to ulceration. He gives the opium not so much to stop the discharges as to allay irritation.

"Dr. Kearney asked what had been the experience in dysentery with the saline treatment.

"Dr. McKenzie said he used salines to remove accumulations from the bowels.

"Dr. C. P. Judkins said he begins the treatment with mass hydrarg., followed in a few hours by sulphate of magnesia.

"Dr. Comegys said that to some of his patients epsom salts and tincture of opium were administered before they came under his care, but he discontinued that treatment and substituted ipecac. In some chronic

cases, where disorganization of the mucous membrane is threatened, he applies blisters over the abdomen, to assist the capillary circulation.

"Dr. Hough.—Eight years ago there was an epidemic of dysentery in and near Lebanon, Ohio—a hot-bed of Homœopathy. From statistics of that epidemic it was found that seven and one-third per cent. of the cases treated by regular practitioners were fatal, while of those treated by Homœopaths over twenty-seven of the cases were fatal. The treatment adopted by the latter was mainly cold water injections, while that of the former was generally opiates in combination with sub-nitrate of bismuth.

"Dr. Culbertson.—May it not be well to inquire whether this is not a preventable disease? Typhoid fever is now generally so regarded, and why not this? Both are enteric diseases, and most likely to prevail in epidemic form in high and mountainous regions, where there is a clay subsoil. He thought dysentery was to some extent produced by the water used, it being more liable to contamination from decomposing vegetable matter, where there is a clay subsoil than where the soil is more largely composed of sand or gravel and is of a porous character. He referred to epidemics of typhoid fever that had prevailed in England, where it was found that those affected were using milk from dairies where the cows were allowed to drink impure water.

"Dr. Walker doubted whether there is as close a connection between typhoid fever and dysentery as is sometimes supposed; and whether drainage has as much to do with either disease as is often thought.

"Dr. Gassaway, surgeon of the marine corps, being present, was invited to participate in the discussion. He said dysentery is a frequent disease among sailors, especially marine sailors. In New York, his last post of duty before coming here, the most common treatment is with castor oil, sometimes opium, mass hydrarg., and camphor were given; the disease would not always yield to these remedies. Sailors being frequently anæmic, and the disease oftentimes neglected for a time, required astringents, and a common prescription was morphia acet., gr. one-fourth, with plumbi acet., grs. ij. The coasting sailors more frequently have colloid discharges than the deep sea sailors. Typhoid fever and dysentery are not at all rare diseases among deep sea sailors, so that drainage or water-supply can have nothing to do with it, as all using the same water would be alike exposed to affection from that cause. In regard to cholera, in a work prepared in the Surgeon General's office, it is claimed that the mineral acids are preventatives and specifics for that disease, and the fact that nitric acid is often found in spring waters may be an explanation of the fact that cholera is not apt to prevail where they are used."

---

*The Treatment of Urethral Disease.* By SIR HENRY THOMPSON, BART.

The treatment of urethral disease of which I complain has its origin in the notion that the urethra is a mere flexible tube, closed at or near its junction with the bladder by some kind of muscular apparatus, sphincteric or otherwise, through which fluids will pass indifferently in either direction. No idea, however, can be more erroneous, and treatment founded on it must be defective.

At the outset, then, let me say that it is absolutely essential that you should have a tolerably accurate knowledge of the nature and functions of this so-called tube.

The urethra is not a tube at all, in any sense in which we employ that word. It is not like a gas-pipe, or an india-rubber tube, or even a flaccid tube of any membrane whatever.

It is rather a continuous closed valve, capable of transmitting fluids and solids in one direction only, and transmitting nothing whatever in the opposite direction, except in obedience to applied force. Its length in the male makes us think of it as a tube, but this is a mere accident of sex. An inch or less is amply long enough for its urinary function, as in the female; and all the length it possesses above that is quite useless as a urethra, and renders it liable to disease and accident—the price, and a heavy one, let me tell you, which the male pays for his specially distinguishing feature. In illustration of this I have but to refer you to the innumerable difficulties and dangers associated with stricture, retention of urine, and calculus, which are almost unknown in the other sex. It is, then, in the male simply a long valvular chink, traversing soft and most delicate vascular and nervous tissues, always firmly closed, and never opening except for a few seconds, during which fluids have to be transmitted from the body. Then, for a few seconds, it is distended more or less, and becomes a tube if you please, for this short time and this only, equaling, perhaps, at most three minutes in the twenty-four hours. All the rest of the time it is firmly closed, and not one drop of fluid can pass from the bladder. Of course, oozing of liquid which is generated in the walls of the tube, or which enters it by ducts may escape, but always, inevitably, in the outward direction only.

Now, during these few seconds, when the valve may be said to occupy the form of a tube, I have next to observe that it is a tube of very varying diameter in its different parts; it is, in fact, very differently distensible at different places, being surrounded by different structures. This fact has long been known and generally recognized.

Having thus far illustrated briefly, and necessarily somewhat imperfectly, the nature of this valvular passage, let us see how far the ideas which I want you to acquire relative to the urethra affect two important points in practice. First, that simple matter of making an injection into the urethra. You have to introduce a fluid for the purpose of therapeutic contact with the walls of this closed passage; you have to distend it, and some little force is necessary; not a single drop can enter, much less run down into it, unless the liquid is forced in by a piston, while the orifice of the urethra is carefully closed around the tube of the syringe introduced. The walls of the passage lying closely applied to each other become opened only by the pressure of the fluid driven in, and they are distended just so much and so far as the quantity employed determines. Thus you may safely reckon, as the result of my observation, that a syringe containing one fluid drachm is amply sufficient, and that it will distend the urethra for three and a half or four inches. A half-drachm syringe often suffices. It is scarcely necessary to say that these small instruments are much more easily managed by a patient than larger and

onger ones. But most patients, unless specially taught to use the syringe, never introduce any injection at all. Unless the orifice of the urethra is carefully closed at the time, the fluid simply leaves the end of the syringe and flows out by the external meatus; and in every case after the injection has been made, the moment the orifice is unclosed the fluid is rapidly expelled by the contractile force of the urethra, and no appreciable quantity remains within. So much, then, for any fear of its running down to the neck of the bladder. Of course, if an injection is too strong, in my opinion a very frequent occurrence, the anterior part of the urethra is inflamed, and extension backwards may easily take place; but that is no part of our subject now. But let me further say that, so far from your being able, even with the power of the syringe, to send an injection into the prostatic part of the urethra, you can not do so by any ordinary force, unless you can at the same time voluntarily relax the muscles which surround the membranous urethra, and so allow the fluid to pass—a thing perfectly possible with very little practice to accomplish. Thus it is that you can not inject the bladder except by passing an instrument into its cavity. In fact, this valvular passage stoutly resists all intrusion from without, and admits no fluid except in obedience to pressure which it is unable to resist.—*Lancet*.

---

"No more Ovariectomy."

Under the above startling title we find a note in the *Surgical Centralblatt* for Feb. 12, taken from the *Wiener Med. Presse*, 1875, No. 52, by Dr. Semeleder. About two years ago he was informed that a lady of his acquaintance suffering from an ovarian cyst, who had been much relieved in Dresden by acupuncture (? galvanopuncture), had been ultimately cured in Vienna by the same treatment. Since that time he has tried it in three cases:

1. A young lady, aged eighteen, who had a soft fluctuating ovarian tumor, originating on the left side and extending three centimetres above the umbilicus, was subjected to galvanopuncture. In four months the diameter of the abdomen two inches below the umbilicus was reduced from ninety-six centimetres to ninety-two centimetres; and in two months more the cure was completed.

2. A lady twenty-four years old, and the mother of two children, had a tumor in the lower part of the abdomen on the left side, as large as the head of a child two years of age. When she had been under treatment for two months the patient was cured, the remains of the cyst being hard, and of the size of a small apple.

3. A woman forty years of age, with a tumor reaching up to the umbilicus, had so far recovered at the end of six weeks of the treatment that its continuance was considered unnecessary.

No unpleasant consequences occurred in any of these cases, and none of the cysts have refilled. The author considers that the action is the same as that which occurs when the poles of a battery are placed in an albuminous fluid—viz., clotting and thickening at the positive pole, and liquefaction at the negative. He considers the method equally applicable

to multilocular and unilocular cysts. He does not give an exact account of his method of procedure, but each sitting was of short duration. He anticipates equally favorable results in the treatment of hydatid cysts on this plan.—*Med. Times and Gazette.*

---

*On Aquapuncture.*—By R. CLEMENT LUCAS, Esq.

In a paper read before the Scientific Congress at Nantes, in August last, Dr. Leopold Lafitte drew attention to the value of the subcutaneous injection of pure water for the relief of pain. He states that he was induced to try this simple remedy from having observed, when in Paris in 1872, the good effects produced by it in a case of acute rheumatism under the care of M. Dieulafoy. In the opinion of the author of the paper it is an expedient of great value, and he mentions many cases in which he had adopted it with marked success; one especially, a case of acute lumbago, was immediately relieved by the hypodermic injection of two grammes of pure water. Dr. Lafitte refers to an article in the "*Nouveau Dictionnaire de Medecine et de Chirurgie Pratiques*," entitled *Douleur*, by M. Georges Dieulafoy, as containing the only written account of this mode of treatment. In this essay, published in 1869, Dr. Dieulafoy concedes the credit of originating the treatment to M. Pontain, and speaks enthusiastically of its efficacy. Indeed, after dismissing all other methods for the relief of pain in a few lines, he devotes a whole page to the discussion of its merits.

Subsequent to the publication of Dr. Lafitte's paper, Dr. Lelut has given his experience of the same treatment in a letter to *L'Union Medicale* of October 5th, 1875. His short communication is rendered interesting by an account of the incident which led him unwittingly to employ so simple an expedient. His servant had by accident overturned a bottle containing morphia in solution, which had been left upon his desk, and, wishing to conceal her misfortune, refilled the bottle with water. The following day Dr. Lelut employed the liquid from the bottle for a subcutaneous injection in a patient suffering from sciatica, in whose case he had previously injected morphia. The result was that the patient was relieved, and delighted to find the pain removed without the nausea and sickness that had been excited on former occasions. Astonished at the different effect produced by this injection, Dr. Lelut was led to examine the contents of the bottle, and was surprised to find that it contained only pure water. He repeated the experiment upon other patients, and found that it invariably gave them relief without inducing the unpleasant nausea caused by morphia.

Dr. de Labordette and others have also recorded their experience of aquapuncture in the same journal. A notice of Dr. Lelut's communication appeared in the *British Medical Journal* of November 27th, 1875; and was followed in the succeeding number by letters from Drs. Barney Yeo and Griffith claiming priority in the hypodermic use of water for the relief of pain. Both these gentlemen mention cases in which they resorted to this expedient with success in 1868. It is probable that this simple experiment has occurred to the minds of not a few. I can, for my own

part, testify to its having been a common practice among the dressers at Guy's Hospital in 1867, who, in cases of supposed malingering or imaginary pain, were in the habit of substituting water for morphia. The relief that not unfrequently followed this practice used to be regarded by them as proof of the imaginary nature of the complaint—a deduction which the systematic experiments of MM. Potain and Dieulafoy would seem to prove incorrect.—*Lancet*.

---

### ***Subcutaneous Osteotomy.***

On Saturday, July 15, we were attracted to the London Hospital by a notice that Mr. Maunder would perform subcutaneous section of the femur with the chisel and mallet, to correct angular deformity resulting from ankylosis after hip-joint disease. Like many of our readers, we had made ourselves acquainted with what had passed at a recent meeting of the Clinical Society (May 12, 1876), when Mr. Maunder read a paper on this subject, and exhibited patients who had been operated upon in this way; but we wished to see the operation done, and the instruments employed for the purpose. These we will now describe as we witnessed them, for the information of those surgeons who are interested in the subject. Two patients were submitted to this treatment on Saturday—one was a young girl who for about seven years had been unable to put her foot to the ground. Disease of the hip-joint had ended in fibrous ankylosis, with the thigh fixed at an angle of  $118^{\circ}$  with the trunk. Thomas' splint had been tried for several weeks with the view of gradually straightening the limb, but no improvement whatever had resulted. The other patient was a young man of fine proportions and well nourished, who had been sent up from Plymouth with the express object of undergoing the operation. Disease of the left hip-joint had supervened upon fever, and had ended in fibrous ankylosis with the leg at right angles with the trunk. Before commencing the operation, an assistant standing in front of the patient drew forwards the soft parts. Mr. Maunder then measured the distance from the top of the trochanter major to the shaft at a level immediately below the small trochanter—this spot being selected because it is the highest beyond the attachment of the numerous muscles which are inserted into the upper end of the femur. At this spot (and while the soft tissues are well drawn forwards) he inserts a double-edged knife down to and at right angles with the bone on the outer side of the limb, cuts through the periosteum, and then, before removing the knife, introduces the chisel, which is also kept at right angles to the axis of the shaft of the femur. With a light wooden mallet the chisel is driven well into the bone, then partially withdrawn, to be again driven onwards, inclined somewhat obliquely forwards, and then backwards so as to divide the bone in the rest of its thickness. While doing this the hand of another assistant is pressed upwards against the inner surface of the thigh, so as to make counter force to the direction of the penetrating chisel. Finally, the limb is gradually and carefully extended, any small portion of bone which may happen to have escaped the

chisel being at the same time broken down; lastly, a straight interrupted outside splint is applied.

The chisel—a separate one for each case—used by Mr. Maunder is three-eighths of an inch in width at the cutting edge, where it is wider than elsewhere; and three inches and a half long in the shaft. The operation is attended with next to no hemorrhage, and the small wound in the soft tissues through which the chisel has been worked, becomes valvular and air-tight as soon as the tissues themselves are allowed to fall backwards into their natural position. A minute or two was the time required to complete the division of the bone in the case of the girl; in that of the man the process was longer, owing to the greater thickness and toughness of the bone. We are happy to state that up to the present time both patients are doing perfectly well.

Mr. Maunder showed to several visitors who had assembled to see the operation three cases in which it had been performed some weeks previously. All these three patients walked into the theatre—one man without the aid of stick or crutch—with limbs in nearly perpendicular positions, and with little or no lordosis. There necessarily, however, remains some deformity about and around the hip-joint. This is easily understood when it is remembered that there is ankylosis at an angle, and in some cases it has followed so-called dislocation from disease; while, as the division of the femur is made below the small trochanter, there is no attempt to correct the abnormal position of the upper extremity of the bone.

Mr. Maunder stated that in most of his cases there has been no suppuration whatever after the operation, and that it was very limited indeed in the case in which it occurred. This entirely coincides with the experience of Professor Volkman, who also has employed the chisel instead of the saw. Professor Volkman, however, used three chisels of different thicknesses to prevent the jamming and sticking fast in the deeper parts of the incision into the bone. The superficial part was divided with the stoutest, the deeper with a thinner, and the deepest with the thinnest instrument of all, so that the cleft was slightly wedge-shaped. Mr. Maunder, by a modification of the form of the chisel, finds it unnecessary to use more than one instrument.—*Med. Times and Gazette.*

### *Treatment of Boils and Carbuncles.*

Dr. Peter Eade, in an article in the *Brit. Med. Journ.*, for July, 1876, maintains the following doctrines in regard to these affections:

1. That boils and carbuncles are not mere inflammations and sloughings of cellular tissue, but specific diseases.
2. That they are parasitic, and, as such, endowed with a definite life and history.
3. That, in their early stages, they may be infallibly destroyed and aborted by destruction of their central stem or root; and that even after this stage has passed, they may generally be destroyed, and in all cases, at the very least, greatly modified, by the free application of carbolic acid.

4. That, to produce this result, the acid must be freely introduced into the central portion of the disease, and also into any other part where an opening exists or is formed artificially.

The essentials for the proper action of the carbolic, Dr. E. conceives to be :

1. The acid must be applied in *strong* solution (four or five parts of acid to one of glycerine is the strength I employ).

2. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient opening do not exist when the case is first seen, a proper one must be fearlessly made in the very centre of the disease by some appropriate caustic, and, perhaps, the acid nitrate of mercury effects this better and with less discomfort than any other.

The acid solution must be occasionally re-applied to, and into, the hole thus formed, or those already existing, and I have found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore.

---

#### *New Method of Reducing Dislocations of the Shoulder.*

Dr. Kuhn, of Elbeuf, describes a new method of reducing dislocations of the shoulder. He says it is impossible to ignore the difficulties which often attend the reduction of dislocations of the shoulder. These difficulties are partly owing to the fact that the scapula follows the traction made on the humerus, which causes a loss of a large part of the force employed for the stretching of the muscles.

By adopting the reverse method, that is to say, by applying the force to the scapula whilst the humerus is the fixed point, we no longer reduce the humerus; on the contrary, we fix it and reduce the scapula. There is no loss of power, as it is easy to prevent the arm from following the scapula. The difficulty that is found in reducing these dislocations, however, arises not only from the mobility of the scapula, but also from the power of the muscles, which it is necessary to put on the stretch. It is easy to see that, by this new method of operating, we shall not have to overcome the resistance of the pectoralis major and latissimus dorsi, but of the scapulo-humeral muscles (subscapularis, supraspinatus and infraspinatus, and teres major and minor), which are much smaller and less powerful than the former.

Since the discovery of anæsthetics, we can overcome the resistance of muscles by chloroform and ether, the administration of which ought to be pushed until relaxation of muscles is produced. Many practitioners, however, are opposed to the use of these sometimes dangerous means for an operation generally so little serious as the reduction of a simple dislocation of the shoulder.

By following out these principles it is possible, more often than not, even alone and without assistance, to reduce a dislocation of this nature. A cushion of a conical shape is to be placed in the axilla, the base of the cone being downwards; the surgeon, standing at the patient's side, lightly draws the arm downwards, and at the same time presses it firmly against the pad in the axilla, so as to make it into a lever of the first kind. Then,

taking the inferior angle of the scapula in the other hand, he raises that bone and gives it a see-saw motion. Coaptation soon follows, the two parts return to their natural position, by a simultaneous effort made on the lower extremity of the humerus and the inferior angle of the scapula. If the head of the humerus be displaced forwards, the angle of the scapula should be directed outwards, at the same time that it is raised. It should be directed inwards if the dislocation be backwards. If any difficulty be experienced in making the reduction, the task of holding and directing the arm should be confided to an assistant.—*Gaz. Med. de Paris.*

---

## EDITORIAL.

### *The Close of the Centennial Year.*

Evidently the years will stay for no man. And, use them as we will, our years are rapidly passing away. How many times I have written about the "close of another year," and endeavored to get some suggestions from the experience of the past, that might be useful to us in the future. Whilst we are growing old—and I can see that the heads of my old associates are beginning to be frosted—the world seems quite as young as ever. In a few years we will be through with it, but our places will be filled by the coming men represented by our boys and youths of to-day. It may not matter to us when gone who fills our places, and yet it will be a present comfort to think that they will be filled by a better educated, a higher cultured, and more successful class of physicians.

And now comes the moral. We are all working for the future—not alone for *our* future, that would be intensely selfish and unchristian—but for the future of the coming generation. If we do our work well, and become careful observers and skilled physicians, those who follow may have the results of this labor to build upon. If we labor to give the practice of medicine a good reputation in the community, they will have a better position. If we, seeing our shortcomings in general and professional education, make an effort for the better education of the boys and youth of the community, and especially for the students of medicine, we will have a present reward in a knowledge that the world will be better off for it.

It seems to me that every man should have thoughts of this kind, at this time, and that they should prompt to renewed work. Every man, be he young or old, can educate himself still further. Every man, be he young or old, can exert an influence in favor of the further education of the community in which he lives. And every physician can do something towards the higher education, and better position of the physicians of the future.

I do not know who will write the next Centennial editorial for this Journal, but I may hope he will be a better man than I am. I do not know how many or what kind of readers he may have, but I hope they will be better in every respect than the Centennial readers of to-day. But it is very sure, that unless we do our part manfully and well, there will be neither the one nor the other.

**A Re-study of the Practice of Medicine.** (Introductory Paper.)

It has seemed to me that the time has come when we should make a re-study of the Practice of Medicine, and apply what we have learned of specific diagnosis and specific medication to it. I think we will all find it a profitable study, and though I should tell you nothing new, it will refresh your minds and bring back what you have heard and known, and be food for thought.

I have had an object in using the word *specific* to describe the exact relation of remedies to the cure of disease. If we turn to our dictionary, we find the word so defined that there can be no mistake about it. Dunglison says, "A substance to which is attributed the *special* property of removing some *particular* disease." Worcester says, "Something certain to effect the purpose for which it is used; an unfailing agent." Physicians understand that it has this meaning—that a specific is something definite in action, and that it must cure particular diseases to be specific—and they boldly declare, "there are no specifics in medicine." Indeed, so much has been said in this way, that the use of the word *specific* had become disreputable.

Now I proposed to make a square fight on this issue, and I employed a name that could not be mistaken, and could not mislead. I claim *certainly* for medicines; they say there is nothing but *uncertainty*.

But in order to have certainty in the use of remedies, it is necessary that we have certainty in diagnosis. We must study our disease with reference to the action of remedies, and not with reference to any theory, or arbitrary classification. I start out by saying that the common nosology upon which diagnosis is based is wholly worthless as a basis for selecting remedies. That the names given to diseases have no therapeutic value, and that the classification of the books is only of use as a means of dividing an extensive subject so that we may study it to better advantage.

In the work of the coming year, I propose that we re-study disease, and the curative action of remedies, without bias from authorities or the teaching of the day. That we re-study it with the understanding that there are remedies "certain to effect the purpose for which they are used." In this study theories are to be dispensed with, and we will not bring in facts that are not related to the matter in hand. We want facts to compare, the simpler they are the better, and we propose to reach conclusions by the simplest of mental processes.

Let us see if we can get a series of examples which will illustrate all I have said. We want to see the simplicity of diagnosis, the certainty of medicinal means, and the direct and simple processes of reasoning necessary to a rational practice of medicine. I may premise that anything which the physician may do that has certainty in relieving disease is quite as specific as the giving of drugs.

Here are two cases of bronchitis. In both the patient has cough, impaired respiration, and failure of the functions of the body. In the one case we find the room heated by a stove; the air is dry and hardly fit for respiration. In the other the patient is occupying a damp room, and there is too much moisture in the air. In the one case we remove the stove, get a freer circulation of air, add moisture to it, and the irritative cough

ceases, the respiratory apparatus has rest, and the patient makes a speedy recovery. In the other, we put the patient in a dry room, get a drier atmosphere, and we have a recovery. These are not imaginary cases, they occur quite frequently, and unfortunately are not recognized. The doctor comes in and gives his expectorants, his physics, his stimulants, his quinine, and wonders that the disease is so stubborn, and that his patients fail to get well. His practice is the *uncertain* practice, because he treats the name bronchitis, and does not regard the conditions of life.

Here, again, are two cases of sore-throat; let us call it diphtheria. The doctor in ordinary has a stereotyped treatment for diphtheria, and is persuaded that "there are no specifics in medicine." In this case we have a most striking fetor, and as we look into the throat we see that the parts are likely to slough. In the other there is no unpleasant odor, the exudation is clearly defined, the parts tense, and very unlikely to slough. These are not uncommon cases, and the diagnosis is not difficult. In both there is the characteristic exudation of diphtheria—it is diphtheria—is this sufficient? You say no. Is there anything in this brief description that will suggest a "certain" (specific) treatment? Your nose tells the story of putrefactive decomposition in the one case, and he is worse than a fool who would not think of the antiseptics as remedies. If he knew that salicylic acid was a certain local remedy and that chlorate of potash was a certain internal remedy, he would have what I call a specific treatment. Any one can see the relation between the bad odor and the remedy, and the bad odor is the expression of disease that we want to recognize. In the other case we might give Phytolacca, and cure as directly and as certainly, though we could not explain the relation between medicine and disease as we could in the first case.

Here are two cases of a similar character. Mrs. A. and C. have had miscarriages, or if you had rather, they have been delivered at full term. It is now the third or fourth day, and both have had a chill followed by fever, which is likely to be unpleasant. As you come into the room of Mrs. A, you notice a very unpleasant odor which tells you of putrescence in the lochial discharge. With Mrs. C. there is no odor, and you learn that the lochia is very scanty, there is much pain in the uterine globe, and tenderness on pressure. The unpleasant odor at once tells you the character of the lesion, and says chlorate of potash, you use this with the small doses of Aconite, and your patient makes a speedy recovery. In the other case, the peculiar character of pain—like a prolonged after-pain—suggests Macrotys, and you use it with Aconite, and again you have relief. In both cases the expression of disease is distinct and the remedies are certain—are specific.

Now let us have a couple of cases like the first two, but in place of the air breathed, we will think of exercise, and we will get the two in the same person. Mr. G., has sprained his ankle, but as it is not severe he takes counsel with his friends instead of the physician. He showers it under the pump, rubs it with coal oil, buys liniments for it, foment<sup>s</sup> it with Stramonium, wraps it in cotton, gives it salt water, treats it to vinegar bandages, and after a six months or a year brings it to the doctor. He has been getting around on it all the time, but the use has been pain-

ful, and he has saved it as much as possible, and now the whole leg is weak. You examine it and find that the tissues about the joint are weakened, and besides, the joint is irritable and use makes it worse. You examine the leg and the impairment of nutrition is marked in the diminished size of the muscles, and in their want of tone. What will you do? There can be no mistake about the treatment—the ankle joint *must* have rest, the muscles of the leg *must* have exercise. We rest the joint by fitting the patient with a wooden, or other immovable boot; and we have the leg thoroughly rubbed with some stimulant inunction. By giving rest to the one we get recovery, and by exercising the other we have improved nutrition. There is certainty about this; this is *specific* medication.

Here are two cases of knee-joint disease, and so far as the casual observer knows they are alike. In both the joint is useless, in both it is painful, in both it is swollen, in both there is an increase of the synovial fluid, and in both the joint seems comparatively larger than it is by reason of atrophy of the muscles above and below in consequence of disease. In the case of A., we find the joint is very sensitive, it is flushed with bright blood, showing an active circulation, it is warmer than usual, and movement increases the suffering and the swelling. In the case of B., the temperature is not increased, the tissues are pallid, or have a tinge of purple, or are deep colored, the part is not very sensitive to the touch, and a limited amount of movement does not increase the irritation, but produces debility. How shall we treat these? In the case of A., we employ a hinged back splint, putting the limb in the most comfortable position, and give it absolute rest. In the case of C., we have the joint thoroughly rubbed twice daily with uve-dalia ointment, and give it moderate exercise. In both cases there is certainty in the treatment, and it is *specific*.

The reader will notice that we want accurate observation. We want to see and feel of the knee-joint—and not the patient's tongue—nor are we specially interested in his bowels, or his kidneys. These may be necessary inquiries, but have no bearing in determining the condition of the joint. When we have made the examination of the joint, instead of setting up beside it our theory of scrofula and the action of compound syrup of Stillingia, we think of the physical condition of the joint, and the agencies that act directly upon it.

In pursuing this study, and getting our thinking apparatus in working order, let us have as examples two cases of diarrhoea. Now diarrhoea is a very common disease, and almost every one has his favorite prescription for diarrhoea, and may give it whenever he finds frequent, fluid, fecal evacuations from the bowels. But let us think. Certainly all diarrhoeas are not alike, and experience will have proven that one remedy will not be curative in all cases. Now let us select our remedy by a single expression of disease or symptoms. You lay your hand on the abdomen, and in the one case it is full, relaxed, doughy; in the other it is tense, contracted, and your fingers seem to make little impression upon it. When thus defined, you would say there could be no difficulty in selecting the right remedy. Let us look at the patient's face—in the one case pallid,

expressionless; in the other contracted and pinched—again, you would find no difficulty in selecting the right remedy. In the case of contraction you would give Aconite and Ipecac, and in the other you would give stimulants and astringents. We might add a third case here—one in which the patient suffered from wandering pains in the bowels—the remedy Nux. And still another in which the pain was localized, with some tenderness on pressure—true *Dioscorea*.

In order that we may have abundant food for thought, let us take a couple of cases of chancre, and see the advantage of poultices, bearing in mind that some physicians think a very great deal of poultices, and are inclined to tie every sore penis up in a poultice. Here is one in which the ulcer is sensitive, it might be called irritable, and yet the edges of the ulcer and the adjacent tissues have the unpleasant bluish or dusky red hue, and are full, and show an unpleasant sodden appearance. Here is the other, with a sensitive ulcer, it would be called irritable, but the tissues are bright red and show normal density and elasticity. Poultice the first, and the man loses the end of his penis; put a poultice on the second and it may relieve the irritation.

You may take your two cases of local disease in any part of the body, and you may get the same results from the use of poultices. In the one case you rot the part and lose it; in the other your poultice removes irritation and assists in the cure. Do not tell me that doctors should not know, or can not know. The thing is too plain, it only requires correct observation, and the simplest processes of thought. Yet I have seen *learned* physicians poultice a man's penis off, poultice a knee-joint until the tissues were so devitalized that the extremity was lost, poultice a carbuncle, on the mistaken idea that it might prove a common boil, and they would "draw it to a head," with the effect of having extreme sloughing and weeks of suffering.

And still we have not cases enough; we want example on example extending through the entire range of medicine and surgery, so that we may be forced to see that there may be *certainty* in medicine, that there should be certainty in medicine, and that in the future there *must* be certainty in medicine. We want to realize that we are at fault, in not seeing for ourselves and not thinking for ourselves.

Let us have suppression of urine for the next cases. I have known physicians who had high opinion of their skill, never attempt the diagnosis of suppression or retention; it was all sufficient for them to know that the patient had not passed urine—they gave a diuretic, the first one that came to hand. But I take it for granted that no reader of the *Journal* would commit such a gross error (crime), and will take the case that is very certainly suppression—want of secretion. It is an unpleasant case, it may be a fatal complication in an otherwise simple disease. There is at first the irritable nervous system showing retained urea, and presently comes the coma showing uræmic poisoning. Having gone this far we all agree that secretion of urine must be established or the patient will die. What will we do? Do you say give a [diuretic? if so, what diuretic? Would it not be the part of prudence to think of the condition of the kidneys as a cause of the diminished secretion, and make a

close examination of the patient, and see if this wrong can not be determined? I think this is the method of common sense, and the one which would be pursued in any other calling but medicine.

Let us see if we can not find two distinct conditions of the kidney which will give us arrest of secretion. Here is a patient who has complained of sharp pain in the loins, with burning extending down the ureters to the bladder, sometimes to his penis and testes. He has had frequent desire to pass urine, and the small quantity has been passed with considerable tenesmus. The features are contracted, the abdominal walls contracted, the legs drawn up, and the spine curved. Here is another who is expressionless, he is easy, comfortable, and wants to rest. When he complained, it was of a sense of fullness and weight in the loins, his abdomen is full, no contraction, and his face is full and has the expression of narcotism from opium. The diagnosis is clear enough, and evidently means to be made in this way. In the first case we have irritation with determination of blood, and we want a sedative to the kidney. In the second there is evidently a want of innervation and an enfeebled circulation, and he wants stimulants to the kidney. Let us give the first patient Gelsemium, and the second a stimulant diuretic, or Belladonna, with continuous hot applications to the loins, and we will be pretty sure to get water in both cases.

If we turn back and think of food for the sick we will get the same result. Physicians are beginning to concede now that the sick require food; in the olden time it was *regular* to keep the stomach in such condition that they could not take it. I have a constitutional repugnance to this "regularity." Concede that the sick need food, and the stomach should be kept in condition for the reception of food, and the question comes up, what food? It will not do to say *any* food, for the patient's life may depend upon his having the *right* food. Shall it be beef-tea or boiled milk? You may answer with Lord Dundreary—"that is one of those things which no fellow can find out." Let us see. Here is a protracted case of fever or inflammation, the patient shows remarkable loss of muscular power, he breathes with difficulty, and his pulse shows marked feebleness of the heart; which will we give him? You answer promptly—beef-tea. Here is one that maintains a high range of temperature, he shows marked irritation, his pulse is small and hard, quick, and every fibre is contracted; what shall he have? You answer boiled milk or food that contains calorific material in excess.

There is no doubt in such a case. The expression of disease is plain; if you think of the conditions shown by the symptoms, it is plain; and the best of it is, it is confirmed by experience.

Changing the subject, we will take our next two cases from obstetrics. They shall both be cases of difficult labor, both cases of rigid os uteri. The pains go on, the women suffer greatly and are exhausted, but the labors do not progress, and examinations hour after hour determine about the same dilatation of the os, until finally the impression comes that it is a case of rigid os. Now turn to your book and see what the authorities say: "Bleeding is one of the first measures to be resorted to." Recourse may be had with advantage to emollient injections, fumi-

gations, baths, and the administration of laudanum by clysters, or preferably the application of Belladonna to the uterine neck itself." (Casen, *regular*.) "Compound tincture of Lobelia and Capsicum, Stramonium fomentations, Gelseminum, Turk's island salt, spirit vapor bath, chloroform by inhalation, Belladonna to the os uteri." (King, *Eclectic*.) You will notice the element of uncertainty is especially marked, and you would hardly know which to take.

Now let us determine by the touch. In one case the rigid os is full, thick, and inelastic. In the other it is thin, tense, elastic, and gives the sensation of an extremely tense membrane. In the one case the pulse is oppressed, there is oppression about the chest, and the woman is very despondent. In the other the pulse is sharp and quick, the breathing quick, the features contracted, and the patient is extremely irritable and restless. In the first case give tincture of Lobelia seed in moderate doses, and relief is certain, and usually speedy. In the second case give Gelseminum, and if the contractions are excessively painful or irregular, associate it with *Macrotys*.

These examples will suffice for this time, though but a small part of what might be given. I wish the reader to note that the methods of examination are simple, though they must be always accurate. That the processes of thought are simple—thinking of the things in hand, rather than something else; thinking of the parts present, and not of theories. And that the remedies are selected with reference to the condition of the human body as determined by symptoms, and not by an arbitrary nomenclature.

I propose that we re-study the practice of medicine in this way, during the coming year, as it can not but prove profitable to all of us.

---

### *Two Cases of Dysentery.*

Illustrating the subject we have been discussing this month I may report two cases of dysentery occurring in this present class. They are not unusual cases, indeed they are very common cases, but they show clearly that it is not good policy to treat names. The two students occupied the same room, both were attacked with small, frequent, painful evacuations of mucus and blood, both commenced with a chill, and both had considerable fever.

In the first case the disease was a colonitis, and the fever was dependent upon the inflammation of the bowels. In the second case the patient had been having ague, and the fever associated with the dysentery was a regular intermittent.

Both of these cases had Aconite and Ipecac for the dysentery, but it was not sufficient for the cure, though a part of a good treatment. In the first it was noticed that the tongue was *pallid* and *dirty*—the indication for sulphite of soda—it was given, and the patient made a good and quick recovery. In the second the periodicity was a marked feature, and the usual antiperiodic dose of quinine arrested the progress of the disease, and the patient recovered rapidly.

If either of these patients had been treated in the usual routine way for dysentery—by cathartics to open the bowels, "to overcome the con-

stipation of the upper intestine,"—especially if they had had the very common Eclectic treatment of Podophyllin to catharsis and then Podophyllin as an alternative, we would have had the old-fashioned serious disease, and might have had a funeral. For in the first there was a marked tendency to typhoid, and in the second there was the system impaired by an old ague.

---

*The College. Give us a big Spring Session?*

The Winter session is good, both in quantity and quality. Shall we not commence the second Centennial with the largest Spring class that has ever been gathered together? We need the men badly in every part of the country. All that is required is, a united and determined action upon the part of our physicians, and we can have them. Would you not feel glad (feel good) to hear that our classes run up to two or three hundred both Winter and spring? We would double this if you worked as well as your neighbors of the Old School or Homœopath.

---

*Special Providences, Miraculous Interpositions, Inscrutable Providences.*

I have no desire to teach theology, and very surely I do not want to persuade any one to change his religious belief, but there is need to say something with reference to this matter. On yesterday I attended church (that is not uncommon for me) and heard an "old-fashioned" sermon by one of the most learned divines of our city. In this sermon it was distinctly stated that the Lord visited men by his *special providences*, endeavoring in this way to turn them from their sins. That these visitations were by sickness of selves and families, accidents, death, loss of property, and various afflictions. That epidemic diseases were especial manifestations of God's providence, designed to turn mankind from sin, as were war, pestilence, and famine. The great fires of Chicago and Boston were also notable instances.

Now the war, the famine, and the great fires are out of my line, and I shall not discuss them. But with reference to disease and death I am free to say that the theologians most foully libel the Almighty. And it is important in the practice of medicine to know that they do. If it is the Almighty that sends sickness and death, why should we as physicians endeavor to thwart his purposes?

I can recall more than one case where the good ministerial brother threw the blame of death upon the Almighty, when it should have been laid upon the attendant physician. I recall two funerals in which very much stress was laid upon inscrutable providences, in taking away two young persons with a most malignant typhoid fever. But when the cause was looked for it was found that a drain was broken and a privy vault was discharging into the cistern.

The Lord does not send sickness; men bring it on themselves. It is due to a violation of physical laws—the Lord never violates his own laws. The Lord does not send premature death—"the years of man are three-score and ten"—men bring it on themselves. We find that we can stamp

out the epidemic, the pestilence, the plague. We find that we can remove the causes of the common diseases of the country. We find that by living temperate, useful lives we may escape the more uncommon maladies.

We want especially to know that disease comes from dirt, and that dirt can be avoided, and causes of dirt can be gotten rid of. If we can think of these matters rightly, and can get rid of the demonology, I am sure we can be useful in the community in preventing as well as curing disease.

I would advise every physician not to lay the flattering unction to his soul that the "Lord hath taken away," when he has a death in his practice, but to institute a rigid self-examination to see how the cause of the disease might have been avoided, and how the treatment might have been bettered. It is true there are unavoidable deaths, but there are many that can be avoided.

---

### *Croup.*

We have reached the season of the year for croup, and though it may be an old story, I desire to say something with reference to its treatment—a bad treatment as well as a good treatment.

First, I do not think that the books are explicit in their description of croup. I have always recognized three forms—spasmodic, mucous, and pseudo-membranous—and believe that they can be readily diagnosed, but other writers do not seem to think so. They lay great stress upon the pseudo-membranous form, which in my experience is the very rare form, and do not recognize the simple laryngitis, which gives us ninety-five cases in each one hundred. Of course, if from mal-treatment the child dies of croup, they call it pseudo-membranous.

Spasmodic croup is essentially a nervous disease, and is related to asthma, and may be produced by anything that will excite the respiratory nerves. Mucous croup is essentially an inflammation of the mucous membrane of the larynx, and is attended sooner or later with increased secretion of mucus. Pseudo-membranous croup is an inflammation of the larynx, with an exudation of plastic lymph which becomes organized, and is, as I believe, in all cases a constitutional disease, the wrong of the blood giving the peculiar deposit, as in diphtheria.

But we do not care to know but the one croup, the ninety-five cases in one hundred. This we recognize by the change in the voice and cough which we call croupal, by the difficult respiration, and by the sounds of mucous rattling during respiration and in the act of coughing. The pseudo-membranous croup I diagnose by the gradually increasing intensity of the disease, the sounds of both respiration and cough being dry, and by the very marked impairment of the life of the patient.

I think it is quite as essential to know and avoid the *bad* treatment, as it is to know and adopt the good. The treatment usually adopted, I believe, kills more children than the croup; at least I would rather trust my child without any medicine than with the common medication.

The common treatment by the use of emetics is *bad*. Not that it could not be used to give relief, but that it is wrongly used. Croup is regarded as a severe disease, a serious disease, and one that runs a rapid course. The parents are uneasy, and the doctor gets uneasy and nervous. He

thinks the emetic is *the* remedy, and gives it as rapidly as possible with the object of getting emesis. The result is irritation of the stomach, unpleasant retching, forcible contraction of the larynx in the act of vomiting, and the child grows worse rapidly under the influence of the emetic. It is not worth while to talk of the *kind* of emetics, it may be any combination of Lobelia, Sanguinaria, Ipecac, etc., or it may be tartar emetic, the effect is the same if given in this way. And it is the very fewest number of physicians than can use an emetic rightly.

Now I claim that these cases can be successfully treated by very simple means, and that we can avoid all the worry of the old, and the fatality that attends the old. I have a very vivid recollection of how I was worried in the olden time by this disease. It only required the name of croup, when a man roused me at night, to make me uneasy, and the terrible strain of a half-night's dosing and watching would not be recovered from in a week.

The child suffering from croup wants rest and warmth—the old treatment gave it neither.

The child suffering from croup does not want hot foot-baths, hot sitz-baths, hot general baths, these *must* be avoided. But it wants dry flannel and an avoidance of exposure to the air.

One of the most certain of our remedies in the treatment of croup is the old-fashioned Stillingia Liniment. The formula is as follows:

R Oil of Lobelia, 3j.  
Oil of Stillingia, 3ij.  
Oil of Cajeput, 3ij.  
Alcohol (98), 3j.

I make it a rule that this preparation shall be kept in every household where children are subject to croup, and instruct the mother in its use. When the hoarseness and croupal cough are first noticed, the mother rubs a small portion of the liniment over the larynx, and repeats it every two or three hours. If the case is more urgent, one-half to one drop is given on sugar every two or three hours. This is a standard treatment, and the Stillingia will be found one of the best local applications in any form of croup.

The additional remedy is Aconite, given in the usual small dose, at frequent intervals:

R Tinct. Aconite, gtt. iij. to gtt. v.  
Water, 3iv.

S. A teaspoonful every half hour or hour.

It may be made weaker and given at more frequent intervals. Giving the Aconite, I use the Stillingia Liniment as the external application, not internally.

I do not want anything mixed with this treatment. If you must use an emetic, use it, but let my means alone. If you must use an expectorant mixture, use it, but do not in such case say, the treatment I have recommended is a failure.

There are other remedies, of course, and in certain conditions they would be better. But why talk about them if you can not describe the "conditions" so that the reader will know them at once. The majority will only be able to diagnose a *croup*—men in long practice fail to do more—and thus we want the treatment for a *croup*.

***The Journal for 1877.***

We propose to do some extra work in the Journal the coming year, and if possible make it of more value to its readers. It is true no one has complained in the past of want of interest, and the prompt pay of the majority, and the increase of our subscription list in hard times shows that it is appreciated. But we expect to do more and better, and we expect in return more and better done for us.

The work mapped out for the year is a "review of the practice of medicine," and we hope to so arrange the material we have that it will be more useful to the practitioner. If it is possible we will get rid of indirect medication, and substitute for it specific medication. Instead of laboring in diagnosis to bring forth a name, we will endeavor to make the symptoms (expressions) of disease point to the remedies for cure. In this work we hope to receive suggestions and assistance from our practitioners throughout the country.

This is a most excellent time to solicit your neighbor to try your Journal for a year. My word for it, if they take and read the Journal one year there is twenty chances to one, that they will continue to take it, and eventually model their practice upon it.

---

***Clermont Eclectic Medical Association.***

The semi-annual meeting of this body for 1876, was held at Amelia, Ohio, Oct. 28th. The Association was occupied until a late adjournment with hearing the report of cases in practice by members, and in discussing the best means and methods of treatment for each, and similar cases, of which the following are especially noteworthy. Among the further report of cases on hand at last meeting was a very interesting case of splenic tumor, simulating ovarian. Prof. A. J. Howe was called, and made an exploring incision, and its non-ovarian or uterine, but splenic character was ascertained; its removal was decided to be impracticable, and the wound was accordingly dressed. The patient sank the following day from "shock" occasioned by the operation. Case of bilious colic followed by hematemesis, etc., treated by direct medication. Recovery. Case of gastrodynia with nausea, retching, and vomiting, from pressure of hypertrophied uterus on bladder; relieved immediately and cured by solution of permanganate of potassium being injected into bladder. Case of convulsions from irritation of centripetal nerves from small sore in mucous membrane on side of tongue occasioned by a broken decayed tooth; cured by cauterization with nitrate of silver. Cases of sore throat, diphtheria, croup, and of typho-malarial fever. During the remarks called forth, the following articles and subjects were pretty thoroughly discussed. Ergotine hypodermically in splenic tumors, counter-irritation by a profusion of minute blister patches versus a large blister, white liquid or saline physic, catharsis in fevers, cincho-quinine, antiseptics, and electricity in throat affections, etc., etc.

Adjourned, to meet in annual session in April, 1877.

I. N. BROWN, *Secretary,*

B. F. MITCHELL, *Acting President.*

BOOK NOTICES.

**The Art and Science of Surgery.** By PROF. A. J. HOWE, M. D. One volume, 875 pages. Price \$7.00.

We only wish to say that this work is now ready for delivery, and we are now sending the copies ordered. It will be sent by mail or express, carriage paid, on receipt of the price.

**WALSH'S COMBINED-CALL BOOK AND TABLET.** J. B. Lippincott & Co., Philadelphia; Robert Clarke & Co., Cincinnati.

This is the time when the physician thinks of renewing his "memorandum," "visiting list" or call book for the year. He has a number to choose from, and some of them are very convenient. Here we have a new one, that possesses the usual feature, with the addition that it may be used for any year. It contains calendar, table of diseases, list of abbreviations, poisons and their antidotes, formulas, and brief directions for diagnosis.

**THE PHYSICIANS' VISITING LIST FOR 1877.** Lindsay & Blakiston publishers, Philadelphia.

This old and well known publication is on our table, and all we need say with regard to it is, that it may be ordered of any bookseller at the usual prices, \$1.00, \$1.25, \$1.50 and \$2.00 according to size.

**MEMOIRES SUR LA GALVANO-CAUSTIQUE THERMIQUE.** Par Le Docteur A. AMUSSAT FILS. Ave 44 Figures Intercaleses Dans Le Texte, Paris, Librairie de Germer Bailliere.

This is the latest monogram on the use of galvanism in surgery, by one of the leading French surgeons of the day. The text is complete, the subject illustrated with cases, and these with cuts showing the instruments used and the character of the growths removed. In our next issue, Prof. King will give a *resume* of the work.

**DES SONDAS A DEMEURE ET DE CONDUCTEUR EN BALINE.** Par Le Docteur A. AMUSSAT. Bailliere, Paris.

A monograph on the use of the sound, catheter, and instrument, employed in reaching the bladder in cases of stricture, fully illustrated.

**FLAXIE FRIZZLE,** by SOPHIE MAY, Lee & Shepherd, Boston, Robert Clarke & Co., Cincinnati. Price 75 cents.

The doctor will frequently buy books for his children, if he buys none for himself. If he should have a nice little girl, just beginning to read, this would be a good present for Christmas.

PARKE, DAVIS & Co.—Our readers will notice a change of advertisement from this house, and I think will say with me that it shows a very creditable degree of enterprise. Seventeen new remedies prepared and advertised by a single house,—does it not seem as if a medical milenium was in the near future?—and a house that does an extensive business with our *regular* neighbors—and remedies that must be used in small doses, and must break up the old routine. The good time is coming, and it will come quicker if pharmacists will all show a like enterprising spirit.

**Married.**

At the residence of the bride's parents in Wyoming, Iowa, Oct., 10th. 1876, by the Rev. A. K. Baird, J. L. BENNETT, M. D. of Anita, Iowa, and Miss CLARA A. BRIGGS of Wyoming.

At the Lagonda House, Springfield, Ohio, by the Rev. V. W. Beamer, J. H. REYNOLDS, M. D., and Miss SARAH J. BALENTINE.

At the residence of the bride's father, September 20th, [1876, by Rev. J. L. N. Young, M. C. KIMBALL, M. D., and Miss ELLA M. GLOYD of Macomb, Ill.

At the residence of the bride's father, in Boaz, Ky., October 4th, 1876, by W. W. Worrel, Dr. B. T. HALL, of Symsonia, Ky., and Miss MAGGIE PRYOR.

**Died.**—At Harvel, Montgomery Co., Ill., after a short but painful illness of congestion of the stomach, SARAH ELIZABETH LOWE, wife of Dr. W. D. Matney, aged 36 years, 7 months and 20 days. She leaves her husband and three little ones to mourn her loss.

**A Young Physician** of three years' reading and one course of lectures wishes a situation with an old practitioner, where he can work into business.

Address,

D. R. SAUNDERS, Dowagiac, Mich.

**Prof. Edwin Freeman** since recovering his health, has his office and residence in Walnut Hills, McMillan street west of Gilbert Ave., Cincinnati. Persons addressing him or wishing to see him can do so there; or at the office of the College, 228 west Court street.

**Wanted.**—Any good live Eclectic physician who would like a pleasant city practice would do well to come to Peoria, Ill.; I am alone and want company, don't want a partner but will do all I can for any good Eclectic physician who may come here.

Address,

Dr. D. D. ROSS, Peoria, Ills.

**The Transactions** of the National Eclectic Medical Association for 1875-6 are now in press. Members in arrears for dues will please remit so I can furnish the Secretary a correct list of those entitled to copies.

JAMES ANTON, M. D., Treasurer.

Lebanon, O.

### RECEIPTS FOR JOURNAL TO NOVEMBER 22.

J Parker 2, O A Palmer 1, C J Phillips 4, J W Goodwin 2, O O Harris 2, Jno Perrins 2, Jno Alfrey 2, Mrs James 2, W B Phillips 2, Jas N Bradley 2, S O Southard 1, T K Scott 2, H M Hale 2, D S Mills 2, A Thomas 2, L O Gibbs 2, W C Kimball 2, Otis G Bailey 2, M A Hale 2, W H George 2, R J Parsons 2, B T Hall 1, W J Crawford 2, J Underwood 2, J G DeWolf 2, J W Anderson 2, J F Stover 2, F P Brown 1, P C Hubbell 2, J W Allen 2, H Wohlgenuth 2, W C Baird 2, E Huckins 2, S J Gillham 2.25, J M Leonard 2, M C Jacobs 4.50, W Greenfield 2, A B Smith 2, S Hollinghead 2, A L Sabin 2, A Peck 2, G H Watson 2, H C Peckham 2, A Noxon 2, Leroy Hawkins 2, H W Cobb 2, C B Munger 1, F P Antle 2, B A Penn 2, H C Watkins 4, J P Miller 2, Jno Utne 2, J H Ealy 2, H Tesmer 2, Jno Phiper 2, G W McKinney 2, L McCune 1, S M Hersey 2, Thos H Evans 2, E L Scuft 50c, D B McKee 2, G H Merkel 2, J B Mitchell 2, J Jobson 2, J N McMurray 2, S C Hall 2, P Marsters 2, W G Pendery 2, S M Blake 4, Wm Norris 2, R L Jackson 2, Geo W Foster 2, Geo W Evans 2, F Felts 2, H DeCrow 2, B F Crumrine 2, A M Collins 2, Jno B Conaway 2, W J Nicolay 2, A L Foreman 2, W W Keeling 2, F C Cook 2, C H Gordon 2, E L Wemple 2, Jno G Gilmer 1, L W Clark 2.

# THE ECLECTIC

## Practice of Medicine For Families.

BY JOHN M. SCUDDER, M. D.

Price \$5.00.

Address

JOHN M. SCUDDER, M. D.  
228 Court Street, Cincinnati.

---

### MITCHELL & RAMMELSBERG FURNITURE CO.

Design, Estimate for, and Make to Order,

**Hard Wood Mantels, Doors,  
Counters, Interior Wood Work,**

—AND—

### FURNITURE

OF ALL GRADES.

ALSO DESIGN AND MAKE

*Window Lambrequins from \$8 upward.*

And keep on hand a very large Stock of

**LACE CURTAINS**

—AND—

**ALL KINDS of BEDDING.**

107, 109, 111 and 113 West Fourth St.

CINCINNATI.

Send for Catalogue.

# Lloyd Brothers' Reliable Medicines,

Prepared at our Laboratory, 35 & 37 W. Canal St. Cincinnati.

We solicit physicians' orders. Our medicines are pure. We call attention to our list of Specific Medicines prepared from fresh plants gathered by ourselves, as directed by Prof. J. M. Scudder. We manufacture fluid and solid extracts, syrups, tinctures, ointments, and all pharmaceutical preparations. Order Lloyd Brothers' Pure Medicines from your druggist; if you can not, send your order direct to us.

## SPECIFIC MEDICINES (Made from fresh plants)

| PINT.                     | PINT.                         | PINT.                        |
|---------------------------|-------------------------------|------------------------------|
| Apis Mel..... 2 00        | Dioscorea Vil..... 2 00       | Pulsatilla..... 2 25         |
| Anilanthus..... 2 00      | Euphorbia Hyp..... 2 00       | Prunus Virginica..... 1 75   |
| Agrimony..... 1 80        | Eryngium..... 2 00            | Ptelia..... 2 00             |
| Amygdalis..... 1 50       | Galium..... 2 00              | Polymnia Uvedalis..... 2 00  |
| Aletris Far..... 2 50     | Gelseminum..... 3 00          | Polygonum Hydro..... 2 00    |
| Apocynum And..... 1 75    | Hamamelis (distilled)..... 80 | Penthorum Sedoides..... 3 00 |
| Aralia Hisp..... 1 75     | Hydrangea..... 1 80           | Rhus Tox..... 2 50           |
| Asclepias Tub..... 2 00   | Helonias Dioica..... 2 00     | Rumex Crisp..... 1 75        |
| Baptisia Tinct..... 1 80  | Hydrastis Can..... 2 00       | Rheum Palmatum..... 5 00     |
| Cannabis Sativa..... 2 50 | Iris Versic..... 1 75         | Senecio..... 1 75            |
| Caulophyllum..... 1 75    | Leptandra..... 2 00           | Sambucus..... 1 75           |
| Corydalis..... 2 25       | Liatris Spicata..... 1 80     | Stramonium..... 1 75         |
| Cypripedium..... 1 75     | Lobelia..... 2 00             | Veratrum Viride..... 2 50    |
| Cactus Grand..... 5 00    | Macrotys Rac..... 2 00        | Viburnum..... 1 80           |
| Chionanthus..... 2 50     | Phytolacca..... 1 75          | Xanthoxylon..... 2 25        |

## FOREIGN.

All the narcotic herbs in this list were imported directly for us, and are prime.

|                          |                      |                              |
|--------------------------|----------------------|------------------------------|
| Aconite..... 2 25        | Coffee..... 2 00     | Ipecac..... 5 00             |
| Belladonna..... 2 25     | Colocynth..... 2 00  | Nux Vomica..... 2 00         |
| Bryonia..... 3 00        | Digitalis..... 2 25  | Pulsatilla..... 2 25         |
| Cannabis Ind..... 3 00   | Drosera..... 3 00    | Stictis Pulmonaria..... 2 25 |
| Colchicum Seed..... 1 80 | Ergot..... 3 00      | Staphysagria..... 3 00       |
| Conium..... 1 80         | Hyoscyamus..... 2 25 | Senna..... 1 75              |

## MISCELLANEOUS.

|                                                      |                             |                                     |
|------------------------------------------------------|-----------------------------|-------------------------------------|
| Acid Hydrochloric Dil..... 75                        | Cuprum..... 2 00            | Sulphite Soda..... 2 75             |
| " Sulphurous..... 75                                 | Carbo Veg..... 1 80         | Podophyllin Triturated os..... 25   |
| " Carbolic..... 1 40                                 | Grindelia Robusta..... 3 00 | Hydrastis Sulphate per os..... 3 30 |
| " Salicylic (not made from carbolic acid) oz..... 75 | " Squarrosa..... 3 00       | " Phosphate..... 3 50               |
| Boletus Lar..... 3 40                                | Phosphorus..... 1 80        | Sanguinaria Nitrate..... 3 50       |
| Cinnamon..... 2 25                                   | Mayer's Ointment..... 75    | Yerba Santa..... 22 50              |
|                                                      | Stramonium..... 60          |                                     |

Less than one pint at same rate; five cents additional for bottle. Specific directions on each label. General drugs, chemicals, etc., at lowest market price for pure articles. We will take pleasure in filling orders from physicians for small amounts. Address

LLOYD BROTHERS, 35 & 37 W. Canal Street, Cincinnati.

## DR. HOWE'S NEW WORK

—ON—

# THE PRACTICE OF SURGERY

Will be issued in November. Price \$7.

## THE AMERICAN DISPENSATORY.

BY JOHN KING, M. D.

Eighth Edition, thoroughly revised.

Will be sent by mail on receipt of price, \$10.00.

Address J. M. SCUDDER, M. D.

Box 146 CINCINNATI, OHIO.

Sent by Mail on receipt of Price, \$5.00.

---

ON THE

# REPRODUCTIVE ORGANS

AND

# THE VENEREAL.

BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE ECLECTIC MEDICAL  
INSTITUTE; AUTHOR OF THE ECLECTIC PRACTICE OF MEDICINE, DISEASES OF  
WOMEN, DISEASES OF CHILDREN, MATERIA MEDICA AND THERAPEUTICS,  
THE PRINCIPLES OF MEDICINE, SPECIFIC MEDICATION,  
THE USE OF INHALATIONS, ETC.

WITH COLORED ILLUSTRATIONS OF SYPHILIS.

*"Honi soit qui mal y pense."*

CINCINNATI:

WILSTACH, BALDWIN & CO., PRINTERS.

1874.

# Pneumatic Aspiration,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges—and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

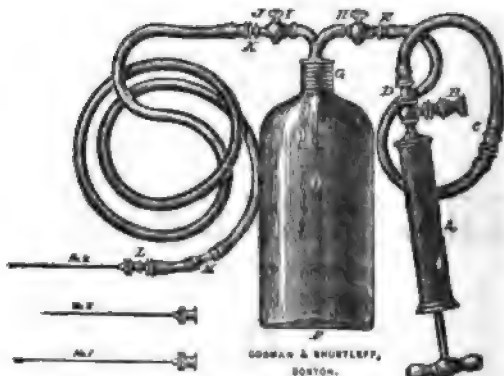


FIG 68.

## DESCRIPTION.

A, Brass Air Pump. B, C, Chambers containing Valves. By reversing the position of the chambers, the pump may be used at will as an exhaust or as a force-pump. A double milled circle around one end of each indicates, when these circles on both chambers are *towards* the pump, that it is an exhaust pump; when the circles are turned from the pump, that it is a force-pump. The Chamber, C, is reversed by turning it with the tube end for end. D, E, Metallic Joints or Couplings, either of them fitting the pump or the air-cock, H, as required. F, Glass Receiver of sixteen-ounce capacity, having a coarse screw-thread cast into the glass of the neck so as to screw into a corresponding thread in the brass cap, G, making an air-tight joint by means of rubber packing. I, Fluid Cock. K, L, Metallic Couplings. M, short pieces of Glass Tube to give early notice if fluid has passed the needle. Nos. 1, 2, and 3, Aspirator Needles, steel, hardened and tempered at cutting point and plated with gold.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Petain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

1. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needles of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 277.
2. The employment, in our apparatus, No. 1, of a metal Screw Cap, fitting

the neck of the receiver supplied with this apparatus so securely that it can not be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

### 3. The use of indestructible valves.

Instead of the oiled silk valves of French and other American apparatus, which are almost certainly injured by contact with liquids—for instance, the accidental and almost unavoidable introduction either of a few drops of the aspirated fluid, or of the oil used for lubricating the pump—we employ a light metal valve, fitting a metallic seat, the two ground together so as to secure close contact. They are unchangeable in form, and can not be injured by contact with fluids. If desired, they may be as freely used, and the pump also, for liquids as for air. These valves are readily accessible by unscrewing the valve chambers, and require no care beyond occasionally wiping valve and seat with soft paper or cloth, to remove dust or adherent particles, should they fail to work perfectly.

4. An attachment for evacuating the contents of the stomach by adaptation to the pump and valves which accompany the aspirator, of a suitable stopper, cocks, rubber hose, and stomach tube. The stopper is of form and size to fit almost any large bottle, jug or demijohn, such as may be found in most houses.

Thus at half the cost of an ordinary stomach pump, the physician having the aspirator may supply himself with the means of evacuating and of washing out the stomach equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspirators, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent, and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other pathological lesions.

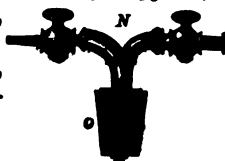


FIG. 69.  
The Stopper and  
Cocks supplied  
with Apparatus  
No. 2.

## PRICES OF APPARATUS.

- No. 1. Air Pump—exhaustor or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... 18.00
- No. 2. The same, without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16.00
- No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, tubes, etc., in case..... 14.00

- No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 8.00
- For Pump and Brass parts of Nos. 1 or 2, Nickel-plated, add..... 1.00
- Simple Trocars, Gold-plated, Nos. 1, 2, and 3, each..... 2.00
- Simple Trocars, with Stop-cock, Gold-plated, to fit any of the above..... 6.00

*The foregoing are the product of our own factory, and are warranted in every respect.*

Dieulafoy on Pneumatic Aspiration, post-paid, on receipt of... 2.00

## CODMAN & SHURTLEFF,

Makers and Importers of Surgical Instruments of every description.

13 and 15 TREMONT STREET, BOSTON.

— Catalogues of Surgical Instruments on application.

N. B. See our other advertisement in alternate numbers of this Journal.

# **H. H. HILL & CO.,**

WHOLESALE DEALERS IN

## **Drugs, Liquors, Medicines, AND CHEMICALS, BARKS, HERBS, ROOTS, ETC.,**

**Manufacturers of Resinoids, Fluid and Solid Ex-  
tracts, Syrups, Tinctures, Ointments, etc.**

Particular attention paid to Physicians' orders.

All Medicines warranted of the best quality.

Shop Furniture, Instruments and Medical Books, furnished at lowest  
prices.

**S. E. Cor. Fifth and Race Streets,  
CINCINNATI, O.**

**FRESH VACCINE VIRUS Constantly on Hand.**

---

CHAS. C. REAKIRT.

SAM. J. HALE.

JOHN J. JUSTICE.

## **REAKIRT, HALE & CO.**

WHOLESALE DEALERS IN

## **Pure Medicines, Chemicals & Drugs**

**And Liquors for Medicinal Purposes,**

**99 WALNUT STREET,**

**Cincinnati, O.**

WE HAVE NOW

## **CASTILE SOAP MADE OF PURE OLIVE OIL,**

And will henceforth keep a supply constantly in stock

Also Wholesale Agents for Lloyd Bros' Pure Medicines.

# GREEN TINCTURES.

I have on hand and for sale the following Green Tinctures, at prices annexed:

|                                               | PER LB. |
|-----------------------------------------------|---------|
| Rhus Toxicodendron.....                       | \$2.00  |
| Euphorbia Hypericifolia.....                  | 1.25    |
| Ailanthus Glandulosa.....                     | 1.10    |
| Macrotys Rac.....                             | 1.25    |
| Also, recently dried bark of Ailanthus G..... | 1.00    |
| Euphorbia Hyp. (herb).....                    | .75     |
| Polymnia Uvedalia (root).....                 | .75     |

I can furnish small trees of Ailanthus suitable for planting at \$1 each  
All orders accompanied by the cash will receive prompt attention.

Address:

**H. L. TRUE, M. D.**

McCONNELSVILLE, MORGAN CO., O.

N. B. Wm. S. Merrell & Co. of Cincinnati, have my Tinc. Rhus Tox. put up in one and two ounce bottles, neatly labeled, with directions for using, at the following prices: 1 oz. 30 cents, 2 oz. 50 cents.

## MANUAL OF EYE SURGERY.

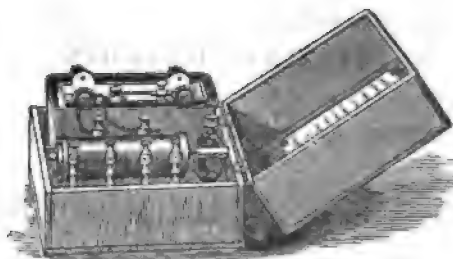
BY A. J. HOWE, A. M., M. D.

*Professor of Surgery in the Eclectic Medical Institute, and Author of a Treatise on Fractures and Dislocations.*

Will be ready for delivery by April 15th. Price \$2.50 (bound in cloth only). Sent by mail. Address

JOHN M. SCUDDER,  
Cincinnati, Ohio.

## FOSTER'S IMPROVED MEDICAL ELECTROTOME.



Double Current  
**Galvano-Electric Machine.**

Price, \$12.00. Put up in a neat Black Walnut box, with full directions for use. Sent by express.

**J. F. JUDGE,**  
**DRUGGIST,**  
—AND—  
**MANUFACTURING CHEMIST,**  
**N. W. COR. COURT AND CUTTER STS.**  
**CINCINNATI, OHIO.**

*Will supply every article required by the practicing Physician, such as:*

**Pure Drugs and Chemicals, Foreign and Domestic,  
Alcoholic, Solid and Fluid Extracts,  
Tinctures, Syrups, Ointments, etc., of official strength,  
Glassware and Physicians' Shop Furniture,  
Surgical and Dental Instruments,  
Medical Books, &c., &c.**

**All articles furnished of the best quality, and no pains spared to give entire satisfaction.**

**Prices as low as those of other reliable houses.**

---

**Fractures and Dislocations.**

**BY A. J. HOWE, M. D.**

***Professor of Surgery in the Eclectic Medical Institute.***  
**SECOND EDITION.**

**Will be sent by mail free of postage, on receipt of the price, \$1.00.**

**Address**

**JOHN M. SCUDDER,**  
**228 Court Street, CINCINNATI**

# THE ATTENTION OF PHYSICIANS IS CALLED TO THE FAMILIAR TREATISE ON MEDICINE FOR THE USE OF FAMILIES,

BY JOHN M. SCUDDER, M. D.

840 PAGES. 2 VOLUMES IN ONE.

RETAIL PRICE, \$3.00. WHOLESALE, \$20.00 PER DOZEN.

## CONTENTS VOL. 1.

**INTRODUCTION.**—Origin of Medicine. Allopathic Medicine. Homoeopathy. Eeclecticism. The Physician. The Practice of Medicine. Quackery.

**PART I.—Anatomy and Physiology.**—The Materials of which Man is composed, Bone, The Skeleton, Articulations, Cartilage, Fibrous Tissue, Muscular Tissue, Nervous Tissue, Adipose Tissue, Origin of the Human Being, Development of the Body, Food, Hunger, Organs of Digestion, The Stomach, Small Intestines, Large Intestines, Liver, Pancreas, Spleen, The Blood, Heart and Blood Vessels, Arterial System, Nutrition, Secretion, The Skin and its Secretion, Kidneys, The Urinary Apparatus and Secretion. The Respiratory Apparatus and its Function, Lungs, The Lymphatic System and its Functions, The Nervous System, The Brain, Spinal Cord, Cranial Nerves, Parencology, Laws of Mental Development, Example, Value of Perseverance, Self Culture, The Human Temperaments, The Science of Physiological Marriage, Vital Tensility, Organs of Special Sense, The Eye, The Ear, The Organ of Smell, The Organ of Taste, The Sense of Touch.

**PART II.—Hygiene.**—Dwellings, Defective Ventilation, Clothing, Food, Fruit, Air and Temperature, Exercise, Mental Occupation, Sleep, Excretion, Intoxicating Liquors as a Cause of Disease.

**PART III.—Medicines for Family Use.**—Use of Medicines. Emetics. Cathartics, Diaphoretics. Diuretics. Bedatives. Narcotics. Tonics. Stimulants. Alteratives. Astringents. Antispasmodics. Expectorants. Liniments. Ointments. Emollients. Family Medicine Chest. Dietetic Preparations.

**PART IV.—Management of Accidents and Injuries and Surgical Diseases.**—Directions for Restoring the Apparently Dead. Treatment to Restore Natural Breathing. Treatment after Breathing has been Restored. Appearances which generally indicate Death. Poisoning. Sun Stroke. Apoplexy. Concussion of the Brain, Bruises. Cuts. Burns. Dislocations. Fractures. Hernia—Erupture. Hemorrhoids—Piles. Fistula in Ano. Chronic Disease of the Loina. Tumors. Cancer. Carbuncle. Boils. Felon. Ulcers.

**PART V.—Diseases and their Treatment.**—General Disease, Fever. Febricula. Intermittent Fever—Ague. Congestive Chill. Remittent Fever—Billious Fever. Yellow Fever. Common Continued Fever. Typhoid Fever. Eruptive Fevers. Small Pox. Varioloid. Vaccination. Chicken Pox. Measles. Scarlet Fever. Spotted Fever. Diphtheria. Rheumatism. Chronic Rheumatism. Gout. Dropsy. Diseases of the Respiratory Organs. A Bad Cold. Quinsy. Croup. Chronic Laryngitis. Acute Bronchitis. Chronic Bronchitis. Inflammation of the Lungs. Asthma. Consumption. Prevention of Consumption. Physical Education of Children. Hemorrhage from the Lungs. Pleurisy. Whooping-cough. Diseases of the Heart. Diseases of the Digestive Organs. Derangements of Dentition. Toothache. Sore Mouth. Nurse's Sore Mouth. Dyspepsia. Diseases of the Liver. Jaundice. Diarrhoea. Cholera Morbus. Asiatic Cholera. Cholera Infantum. Colic. Dysentery—Flux. Worms. Diseases of the Urinary Organs. Inflammation of the Kidneys. Suppression of Urine. Retention of Urine. Diabete. Bright's Disease of the Kidneys. Incontinence of Urine. Inflammation of the Bladder. Diseases of the Nervous System. Inflammation of the Brain. Spinal Meningitis. Epilepsy. Convulsions. Hydrophobia. Delirium Tremens. Neuralgia. Hypochondriasis. Headache.

**PART VI.—Notes on Nursing.**—Ventilation and Warming. Health of Houses. Petty Management. Noise. Variety. Taking Food. What Food. Bed and Bedding. Light. Cleanliness of Rooms and Walls. Chattering Hopes and Advice. Personal Cleanliness. Observation of the Sick. Conclusion.

## CONTENTS VOL. 2.

**INTRODUCTION.**—Female Organs of Generation. Pelvis. Menstruation. Conception. Prevention of Conception. Procreation of Male and Female Children at Will. Signs of Pregnancy, Diseases of Pregnancy. Abortion. Labor. Mechanism of Natural Labor. Management of Labor. Difficult Labor. Prematural Labor. Complicated Labor. Chloroform in Labor. Puerperal Fever. Phlegmasia Dolens.

**PART II.—Diseases of Women.**—Amenorrhoea. Dysmenorrhoea. Menorrhagia. Leucorrhoea. An Examination. Chlorosis. Hysteria. Chorea. Inflammation of the Ovaries. Ovarian Dropsy. Cancer of the Uterus. Displacement of the Uterus. Prolapse Uteri. Anteversion of the Uterus. Retroversion of the Uterus. Polypus of the Uterus. Diseases of the Breasts. Care of the Breasts while Nursing. Ague in the Breasts. Inflammation of the Breasts. Tumors of the Breast. Cancer of the Breast.

**PART III.—Care and Management of Children.** The Infant before and immediately after Birth. Food of Children. Sleep. Clothing. Washing and Dressing. Ventilation. Exercise. Special Diseases of the Child. Fever. Affections of the Respiratory Apparatus. Diseases of the Digestive Organs. Affections of the Skin. Roseola. Erythema. Erysipelas. Deformities and Distortions during Childhood. The Infant's Opiate. Moral Government. Earliest Intellectual Education.

**Eclectic Headquarters.**  
**H. M. MERRELL & CO,**  
**WHOLESALE DRUGGISTS,**  
 AND  
**MANUFACTURERS OF ECLECTIC PREPARATIONS,**  
 CORNER OF COURT AND PLUM STREETS,  
 CINCINNATI, OHIO,

Prepare and keep on hand all articles of THE ECLECTIC SCHOOL, such as Concentrated Tonic Oils, Oleo-Resins, Alcoholic Extracts, Common Extracts, Fluid Extracts, Concentrated Mucins, Syrups, Tinctures, and Concentrated Tinctures, Ointments, Anodynes, Compound Potions, &c., all of which they warrant fresh, pure, and of full strength. Also—

Botanic Medicines, Foreign Drugs and Chemicals, Druggists' Shop Furniture, Instruments and Implements.

**ALSO, MEDICAL BOOKS FURNISHED TO ORDER.**

And Medical Pocket Cases, Saddle Bags, and Instruments of every kind used by the Physician and Surgeon.

---

**PHYSICIANS' AND APOTHECARIES' LABELS**

Just published by H. M. Merrell, a complete set of Furniture Labels, for Physicians and Apothecaries, and especially adapted to the Eclectic and Botanic Practice; printed on the yellow paper at the reasonable price of two dollars, and on black glazed paper, in gilt, at four dollars. The books will be sent by mail to any part of the United States, free of postage.

---

**T. L. A. GREVE,**  
**DRUGGIST**  
 AND  
**Manufacturing Chemist,**

**SOUTH-EAST CORNER SIXTH AND JOHN STREETS,**

**Cincinnati, Ohio.**

Manufactures and keeps constantly on hand a large stock of  
**Concentrated Medicines, (Active Principles of Plants.)**

**Alcoholic Fluid Extracts.**

**Syrups, Tinctures and Ointments of official strength.**

**Official Pills, Plasters and Comp. Pow**

**Pure Drugs and Chemicals, American and Foreign.**

**Roots, Herbs, etc., Indigenous and Foreign.**

**Glassware and the Furniture, for Physicians.**

**Surgical & Dental Instruments, Manufacturers' prices.**

**Medical Books of all Schools.**

I aim to supply every want of the Physician in the line of his profession, and will spare no pains to accomplish that end satisfactorily. My prices will always be as low as those of any other reliable house.

**Importation of German Tinctures Specialty.**

DO YOU WANT

# A VERY THOROUGH AND COMPLETE TREATISE

On Diseases of the Nervous System,  
On Diseases of the Circulatory System,  
On Constitutional or Blood Diseases,  
On Diseases of the Respiratory System,  
On Diseases of the Digestive System,  
On Diseases of the Genito-Urinary System,  
On Diseases of the Integumentary System,  
On Diseases of the Prostate Gland,  
On Spermatorrhoea,  
On Diseases of the Ear,  
On Diseases of the Eye,

THEN BUY

## King's Chronic Diseases.

1600 PAGES PRICE \$15.

Address

JOHN M. SCUDDER,

Cincinnati, Ohio.

---

ROBERT CLARKE & CO.,

Publishers, Booksellers, Stationers

AND IMPORTERS.

DEALERS IN

Law, Medical, Theological, School and Miscellaneous Books.

---

The attention of the Medical Profession is invited to our large and general assortment of Medical and Scientific Books, both American and Foreign. New Books from all parts of the United States, regularly received and supplied. Orders from the Profession for any book published in this country or Europe, will be promptly attended to.

Medical and scientific catalogues sent gratis on application.

No. 65 West Fourth Street,  
CINCINNATI, O.

# **An Open Letter to the Doctor's Wife and all her Lady Friends.**

We desire to call your attention to a line of Goods of our manufacture which every lady of culture and refinement desires to have for the ornamentation and convenience of her HOME and TABLE. We refer to our manufacture of a special heavy brand of

## **ELECTRO-FAMILY PLATE,**

Consisting in part of Tea Sets, Urns, Waiters, Ice Pitchers, Goblets, Cakes and Fruit Stands, Table Castors, Pickle Castors, Vases, Knives, Forks, Spoons, Ladles, etc. We also make a specialty of Communion Ware ranging in price from \$10 to \$40 per set. We guarantee all of these goods to be plated on the best of White Metal, and we further guarantee to furnish the heaviest family plate that can be found in this city; consequently our goods will wear the longest. Prices, with illustrations, sent free.

## **MANNING, ROBINSON & CO.**

**ELECTRO SILVER SMITHS,**

**54 Fountain Square, Cincinnati, O.**

---

**T H E**

# **Eclectic Practice of Medicine.**

**BY JOHN M. SCUDDER, M.D.**

**SIXTH THOUSAND.**

**REVISED AND ENLARGED EDITION.**

The new Practice has been thoroughly revised, and we hope will meet the expectation of Eclectic Physicians.

Retail price, \$7.00; but will be sent post paid to subscribers of the Journal for \$6.00.

**B. KEITH & CO.'S**

# **Pure Concentrated Medicines, CONCENTRATED TINCTURES, Etc.**

The powders are put up in bottles of one ounce avoirdupois, and securely sealed to protect them from the action of the atmosphere.

## **CONCENTRATED TINCTURES,**

Prepared by re-dissolving the "active principles" in alcohol, in definite proportions. Put up in bottles of 2 ozs., 4 ozs., and 1 lb.

## **VACCINE VIRUS.**

10 Ivory points, Cow-pox Virus, charged on both sides.....\$1.50  
1 Crust..... 3.00  
Sent by mail on receipt of price.

## **LAND-BOOK OF PRACTICE, EMPLOYING CONCENTRATED MEDICINES.** By B. KEITH, M. D. Price Fifty Cents.

We will furnish gratis, on application, a copy of our "Revised and Enlarged Manual of the Eclectic Principles of the Indigenous and foreign Medical Plants," containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

**B. KEITH & CO.**

P. O. Box 1750.

41 Liberty St., N. Y.

---

# **SPECIFIC DIAGNOSIS.**

*A Study of Disease with especial reference  
to the Administration of Remedies.*

**BY JOHN M. SCUDDER, M. D.**

*Professor of Pathology and Practice of Medicine in the Eclectic  
Medical Institute.*

A companion volume to "Specific Medication and Specific Medicines."  
Price \$2.50. Address

**JOHN M. SCUDDER, Cincinnati, Ohio.**

# ECLECTIC TEXT-BOOKS.

---

## **The Principles of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **The Eclectic Practice of Medicine**

BY JOHN M. SCUDDER, M. D. Price \$7.00.

---

## **The Eclectic Practice of Medicine in Diseases of Children.**

BY JOHN M. SCUDDER, M. D. Price \$5.00.

---

## **Diseases of Women**

BY JOHN M. SCUDDER, M. D. Price \$4.00.

---

## **Specific Medication and Specific Medicines**

BY JOHN M. SCUDDER, M. D. Price \$2.50.

---

## **Diagnosis and Treatment of Chronic Diseases**

BY JOHN KING, M. D. 1650 pp. Price \$15.00.

---

## **On Dislocations and Fractures**

BY A. J. HOWE, M. D. Price \$4.00.

---

## **The American Eclectic Obstetrics**

BY JOHN KING, M. D. Price \$6.50.

---

## **Woman, her Diseases and their Treatment**

BY JOHN KING, M. D. Price \$3.50.

---

Address

JOHN M. SCUDDER, M. D., Cincinnati, Ohio.

**M. AUTENRIETH,**  
 formerly 18 years with M. WOOD,  
 SUCCESSOR TO W. Z. REES,  
**71 West Sixth St.,**  
 Walnut and Vine, CINCINNATI.  
 Manufacturer of

## Surgical and Orthopaedical INSTRUMENTS,

Minimal Supporters, Trusses, Club Foot  
 Shoes, Spinal Apparatus, etc.  
 Keeps constantly on hand a full variety of  
 and Rubber Syringes, Stomach Pumps,  
 Bags, Medicine Cases, etc.  
**SOCKINGS FOR VARICOSE VEINS.**  
 All attention given to the fitting of Appa  
 for Deformities.

(ESTABLISHED IN 1837.)

## **W. WOCHER & SON,** MANUFACTURERS OF Surgical, Dental & Orthopaedical INSTRUMENTS.

calling the attention of physicians to our  
 extensive and most complete assortment  
 struments, we beg to state that we shall  
 nue, with increased facilities, to add to  
 stock any thing new and desirable which is  
 mended by authorities here and abroad,  
 tisfy all demands of the medical profession.  
 icks of our goods are kept strictly uniform  
 those of Eastern houses of good reputa-  
 . All our instruments are warranted in  
 y respect.

**SPECIALTIES.**  
 trusses of every description.  
 pparatus for the modern treatment of Club  
 t, Bow Leg, Weak Ankle, Hip Joint, Spine,  
 for all other deformities, made to order,  
 all the latest improvements.  
 lectro-Medical Apparatus of various kinds,  
 physicians' office use.  
 also a large variety of the most improved  
 lominal Supporters, either elastic or with  
 d springs; Shoulder Braces, Elastic Stock-  
 s, Knee Caps, Suspensories, etc.

**AGENTS FOR**  
 Drescher's Electro-Magnetic and Galvanic  
 batteries.  
 oock's Uterine Supporters.  
 lman & Shurtleff's Atomizers.  
 vis & Kidders, Magneto-Electric Machine.  
 y's Improved Splints, which we sell either in  
 full sets or by single pieces.  
 On all above goods our price is the same as  
 it of the manufacturers.

**105 WEST SIXTH STREET,**  
**CINCINNATI.**  
 Medical College Building.



**A. JACKSON HOWE, M. D.**  
**OFFICE, N. E. COR. FOURTH & MAIN.**  
**CINCINNATI, OHIO.**

Dr. Howe will visit any part of the country,  
 in consultation, or to perform Surgical opera-  
 tions.

**JOHN KING, M. D.**  
**OCULIST AND AURIST**  
**138 Ninth Street. Cincinnati.**  
 Office Hours from 9 A. M. to 2 P. M.

Dr. King devotes his attention wholly to  
**DISEASES OF THE EYE AND EAR,** and  
 all Chronic Diseases, as well as those peculiar  
 to Females.

**WM. H. DAVIS, M. D.**  
**Springfield, Illinois,**

Will visit in consultation in any part of the  
 State. Chronic Diseases treated, and Surgical  
 Operations performed, at his Infirmary in  
 Springfield.

**DR. J. M. SCUDDER,**  
**228 COURT ST.**

**EDWIN FREEMAN, M. D.**  
**Office, corner Eighth and John sts.**  
**CINCINNATI.**

Special attention given to treatment of fis-  
 tula, hemorrhoids, and other diseases of the  
 rectum; stricture, and other diseases of the  
 genito-urinary organs, deformities, etc. The  
 Doctor will visit in consultation or for surgi-  
 cal operations.

**PROF. Z. FREEMAN, M. D.**  
**OFFICE, 280 WEST SIXTH STREET**  
**CINCINNATI.**

Special attention given to all kinds of  
 chronic and surgical diseases and surgical  
 operations.

**SIXTH EDITION JUST ISSUED.**

# **SPECIFIC MEDICATION**

**AND**

# **SPECIFIC MEDICINES.**

**REVISED,**

**WITH AN APPENDIX CONTAINING THE ARTICLES PUBLISHED  
ON THE SUBJECT SINCE THE FIRST EDITION.**

**AND A**

***Report of Cases Illustrating Specific Medication.***

**BY**

**JOHN M. SCUDDER, M. D.,**

**PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE BOLESTIC  
MEDICAL INSTITUTE; AUTHOR OF "THE PRINCIPLES OF MEDICINE,"  
"THE BOLESTIC PRACTICE OF MEDICINE," "THE BOLESTIC  
MATERIA MEDICA AND THERAPEUTICS," "A PRACTICAL  
TREATISE ON THE DISEASES OF WOMEN," ETC.**

**SIXTH ENLARGED EDITION.**

---

**CINCINNATI:**

**WILSTACH, BALDWIN & CO., PRINTERS.**

**1873.**

**LITTLE BUT GOOD.**

**WARRANTED NOT TO RUN OFF AT THE BOWELS.**

**SENT BY MAIL FOR \$2.50.**

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

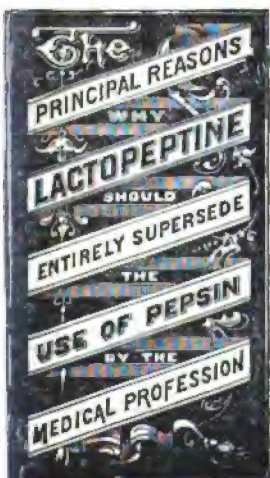
LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



LACTOPEPTINE, as well as all other preparations of our manufactory, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

| FORMULA OF LACTOPEPTINE. |                 |
|--------------------------|-----------------|
| Sugar of Milk,           | 20 Ounces.      |
| Papain,                  | 4 "             |
| Pancreatine,             | 3 "             |
|                          | Powder and Mtc. |
| Fig. Pyalis or Diastase, | 1 Drachm.       |
| Lactic Acid,             | 24 ℥. Drachms.  |
| Hydrochloric Acid,       | 24 ℥. "         |



- 1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

*All the statements made in this Circular are the result of repeated and careful experiments.*

---

The palatability and digestive power of LACTOPEPTINE has been more than double during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

---

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

---

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

---

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.  
J. E. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital

---

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

---

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,  
Late Professor of Obstetrics and Diseases of Women and Children  
Vermont Med. College.

---

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

---

*A large proportion of diseases are the result of imperfect digestion.*

---

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with  
Lactopeptine.*

---

The effect of **LACTOPEPTINE** on my power of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases **LACTOPEPTINE** was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of **LACTOPEPTINE**. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with **LACTOPEPTINE**, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using **LACTOPEPTINE** for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

**LACTOPEPTINE** seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with **LACTOPEPTINE**, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of **LACTOPEPTINE**, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your **LACTOPEPTINE** seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the **LACTOPEPTINE** in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALE CO., ILL., August 12th, 1875.

I received recently a small package of **LACTOPEPTINE** with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of **LACTOPEPTINE** when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,  
while the same quantity of any standard preparation of Pepsin  
in the market will dissolve but three ounces.*

---

*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, MO., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—  
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—  
INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *extremo moris*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—  
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—  
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D. OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

*LACTOPEPTINE is also combined with the following preparations :*

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARRICK manufacture a full line of Fluid Extracts.*

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ:**

*The following valuable formula have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice:*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

|          |                                     |             |
|----------|-------------------------------------|-------------|
| <b>R</b> | Liquid Lactopeptine, . . . . .      | dr. vi.     |
|          | Fl. Ex. Cinchona Comp, . . . . .    | dr. i.      |
|          | Fl. Ex. Taraxacum, . . . . .        | —           |
|          | Tinct. Zingiber, . . . . .          | ss dr. iij. |
|          | Hydrochloric Acid Dilut., . . . . . | dr. i.      |
|          | Spts. Lavender Comp., . . . . .     | dr. ii.     |
|          | Sulphate Quinia, . . . . .          | grs. xl.    |

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

|          |                                              |          |
|----------|----------------------------------------------|----------|
| <b>R</b> | Liquid Lactopeptine, . . . . .               | dr. vi.  |
|          | Fl. Ex. Cinchona Comp, . . . . .             | dr. i.   |
|          | Tinct. Zingiber, . . . . .                   | dr. iij. |
|          | Spts. Lavender Comp, . . . . .               | dr. v.   |
|          | Aromatic Sulphuric Acid, . . . . .           | dr. i.   |
|          | Essence Menth. Pip. or Gaultheria, . . . . . | gtts. x. |
|          | Sulphate Quinia, . . . . .                   | grs. xl. |

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*Private Formulas of Pills or other Preparations made to order.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

**NO. 3.—FOR MALARIAL DYSPEPSIA.**

|          |                                    |             |
|----------|------------------------------------|-------------|
| <b>R</b> | Liquid Lactopeptine, . . . . .     | dr. fl. vi. |
|          | Fl. Ex. Cinchona Com., . . . . .   | —           |
|          | Tinc. Nux. Vomica, . . . . .       | ss dr. xl.  |
|          | Spts. Lavender Comp., . . . . .    | oz. ss.     |
|          | Hydrocyanic Acid Dilut., . . . . . | dr. ss.     |
|          | Syr. Aromatic Rhubarb, . . . . .   | oz. ss.     |
|          | Sulphate Quinine, . . . . .        | dr. ss.     |

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

**NO. 4.—FOR CHRONIC DIARRHŒA.**

|          |                                                      |          |
|----------|------------------------------------------------------|----------|
| <b>R</b> | Liquid Lactopeptine, . . . . .                       | dr. vi.  |
|          | Liq. Opil. Comp. (Squibbs'), . . . . .               | dr. iii. |
|          | Nitric Acid Dilute; or, Aqua Regia Dilut., . . . . . | dr. i.   |
|          | Syr. Aromatic Rhubarb, . . . . .                     | dr. ii.  |
|          | Pulv. Nit. Bismuth, . . . . .                        | dr. ss.  |
|          | Aqua Camph., . . . . .                               | oz. ss.  |

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to **LACTOPEPTINE** we manufacture **PEPSIN**, **PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

|                  |        |
|------------------|--------|
| Sulph. Magnesia, | 1 dr.  |
| Senna,           | 2 "    |
| Scammony,        | 6 gra. |
| Liquorice,       | 1 dr.  |
| Ginger,          | 3 gra. |
| Coriander,       | 5 "    |

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. **H. M. HARLOW, M. D.**

*All our goods are of guaranteed strength and uniformity.*

### Strychnia Compound Pill.

|                            |              |
|----------------------------|--------------|
| Strychnia, - - -           | 1-100 grain. |
| Phosphorus, - - -          | 1-100 "      |
| Ex. Cannabis Indica, - - - | 1-16 "       |
| Ginseng, - - -             | 1 "          |
| Carb. Iron, - - -          | 1 "          |

*Dose*—One to two.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

### Hæma, Quinia and Iron PIL.

|                          |           |
|--------------------------|-----------|
| Ext. Blood, - - -        | 2 grains. |
| Quinine Sulph., - - -    | 1 grain.  |
| Sesqui Oxide Iron, - - - | 1 "       |

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

## HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anæmia, and other ailments, who are daily drinking the blood of the ox, and many with men benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HÆMA (Ext. Blood), 4 gra.**

*Dose*.—Two to four.

90 cts. per hundred.

### HÆMA COMP.

Ext. Blood, 2 gra.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

*Dose*.—One to three.

\$1.50 per hundred.

### HÆMA, QUINIA, IRON and STRYCHNIA.

Ext. Blood, 2 gra.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

*Dose*.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.**

### Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARRICK, Manufacturing Pharmacists,**

**198 FULTON STREET, NEW YORK.**

# PARKE, DAVIS & CO.

## Manufacturing Chemists,

### DETROIT.

#### NEW REMEDIES.

For a detailed description of the botanical history and medicinal applications of each drug, please apply for one of our circulars.

**FLUID EXTRACT USTILAGO MAIDIS.**

A substitute for Ergot, and said to be more uniform and reliable.

**FLUID EXTRACT PIPER METHYSTICUM (Ava Kava.)**

From the Sandwich Islands. A remedy for gonorrhœa and gout.

**FLUID EXTRACT XANTHUM SPINOSUM.**

From Russia. A cure for hydrophobia.

**FLUID EXTRACT GRINDELIA ROBUSTA.**

From California. A specific for asthma.

**FLUID EXTRACT GRINDELIA SQUARROSA.**

From California. Used for enlarged spleen, and in malarial diseases generally.

**FLUID EXTRACT YERBA SANTA.**

From California. A valuable remedy in bronchitis, laryngitis, pneumonia, hemorrhoids, etc.

**FLUID EXTRACT JABORANDI.**

From Brazil. A powerful sudorific. Used in the commencement of febrile disorders, pneumonia, chronic Bright's disease, etc.

**FLUID EXTRACT DAMIANA.**

From Mexico. Used in sexual debility, or lethargy of the sexual organs, whether the result of abuse or senility.

**FLUID EXTRACT NIGHT BLOOMING CEREUS.**

From Mexico. Useful in diseases of the heart, angina pectoris, rheumatism, dropsy, etc.

**FLUID EXTRACT SUNDEW.**

From Europe. Recommended in pertussis, asthma, chronic bronchitis, and in certain phases of dyspepsia.

**FLUID EXTRACT COCA.**

From Peru. A powerful nervous excitant, resembling tea or coffee in its action, and imparting increased vigor to the muscles.

**FLUID EXTRACT FUCUS VESICULOSUS.**

A remedy for excessive obesity, which, if faithfully used, is said to diminish the amount of fat very perceptibly. Also used as a deobstruent in goitre and scrofulous swellings.

**FLUID EXTRACT SANDAL WOOD.**

Of value in gonorrhœa, remittent fevers, and other complaints.

**FLUID EXTRACT GUARANA.**

For sick headache, bowel complaints, neuralgia, rheumatism, etc.

**FLUID EXTRACT EUCALYPTUS GLOBULUS.**

A valuable remedy for bronchitis, intermittent and other fevers. Of marked value as a wash for fetid ulcers, purulent catarrhal affections of the urethra and vagina, etc.

**FLUID EXTRACT BEARSFOOT.**

A specific for enlarged spleen. Useful also for white swelling (in the form of ointment), rheumatism, scrofula, etc.

**FLUID EXTRACT GELSEMIUM.**

Prepared carefully from the green root. A very uniform and reliable preparation of this well known remedy.

**DOCTOR WARBURG'S TINCTURE.**

A celebrated remedy for malarial fevers, used with marked success in Southern India by the leading surgeons of the British army. Where quinine proved ineffectual this preparation would frequently be successful.

#### SUGAR-COATED PILLS.

RECENT ADDITIONS TO OUR LIST.

Salicylic Acid, 1 gr.

Monobromated Camphor, 2 grs.

Phosphorus and its combinations.

Picrate Ammonium Pills,  $\frac{1}{4}$  gr.  $\frac{1}{4}$  gr.  $\frac{1}{4}$  gr.

Bromide Iron, 1 gr.

Calabar Bean,  $\frac{1}{2}$  gr.

Sandal Wood Comp.



## SPRING SESSION **Eclectic Medical Institute.**

**Commencing Feb. 1st, 1877.**

Students can matriculate January 1st without additional charge. We propose to organize a Centennial Class of 100 for a graded course of three years, and students may take their scholarships for this, and pass their first examination at the close of the Spring Session.

For further information, address

**DR. J. M. SCUDDER,**  
CINCINNATI, OHIO.

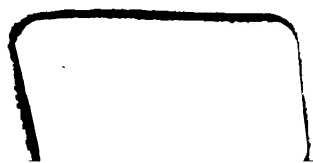








3 vol  
537





3 2044 103